DIRECTIONS

Why are we sharing this tool? The New York State Department of Health ("Department") has identified **Adult Care Facilities (ACFs) to be vulnerable places for spread of COVID-19**. It is imperative that ACFs take steps to prevent introduction, recognize staff and residents with possible COVID-19, and minimize transmission within the facility.

Below is the **NYSDOH COVID-19 Infection Prevention and Control (IPC) preparedness checklist**. This tool is intended as a **self-assessment and provides ACFs with all the IPC elements** that need to be in place both before and after recognition of a confirmed, suspect, or possible COVID-19 case in the facility.

The elements of the checklist are adapted from guidance issued by the Centers for Disease Control and Prevention ("CDC") and Department-issued health advisories. This checklist may be updated as the situation evolves.

The items on this checklist do not replace the need to follow all available guidance and advisories, including those related to infection prevention and control. ACFs should call their local health department or write to covidadultcareinfo@health.ny.gov or icp@health.ny.gov for additional guidance.

Adult Care Facility COVID-19 IPC Checklist

	Preparedness
☐	Keep track of current in-house census and number of available single occupancy rooms.
☐	Have a plan and mechanism in place to regularly communicate COVID-19 related updates with residents and family.
☐	Create or review a list of all individuals who provide services in the facility.
☐	Provide education to residents about COVID-19, how to keep themselves safe, and what the facility is doing to keep them safe. Resources are available at https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html.
☐	Restrict visitors and non-essential personnel from entering the facility. Essential visitors (e.g. those who provide essential care, end-of-life situations) must wear a mask while in the facility.
☐	Encourage residents to remain in their rooms as much as possible, practice social distancing, and not allow outside visitors to the facility unless absolutely essential.
☐	Provide/encourage alternative methods for visitation (e.g., video conferencing).
☐	Post signs at the entrances, advising restrictions for visitors and non-essential personnel, and inform families about visitor restrictions.
☐	Consider canceling communal dining and other group activities that bring multiple residents together without adequate spacing (at least 6 feet between each resident). Arrange multiple mealtimes, where possible. Serve meals in rooms if feasible.
☐	Encourage residents to not leave the facility, except for medically necessary appointments. Those who leave for medically necessary reasons (e.g., dialysis) should wear a facemask while they are out of the facility.
☐	Encourage robust communication with the local medical community (e.g., the local hospital infection control staff, home health agencies entering the facility, and medical providers serving residents of the facility) to assure a coordinated response to COVID-19 prevention and care for facility residents.
	Staff/outside providers education and monitoring
☐	Provide ongoing education and training about: - COVID-19 (e.g., symptoms, how it is transmitted). Resources are available at https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html. - How to stay safe outside of work so that they don't bring COVID-19 into the facility. - Sick leave policies and the importance of not reporting to work when ill. - Importance of adherence to hand hygiene. Resources are available at https://www.cdc.gov/handhygiene/campaign/promotional.html#anchor_1555101687.

	• Proper use of personal protective equipment ("PPE"), such as masks, gowns, and gloves, as well as any updated recommendations based on PPE availability. Resources are available at https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf. • Facility's preparedness plan and staff roles and expectations. Address questions regarding implementation.
☐	Inform staff/outside providers to self-monitor for signs and symptoms of COVID-19 and to not report to work if feeling ill, have a fever, or experiencing any respiratory symptoms.
☐	Screen all staff/outside providers/others entering the facility upon entry to the facility for fever (temperature 100.0 or higher) and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new cough or change in cough, and sore throat.
☐	If found to be ill, send them home immediately and refer the individual to appropriate medical care.
☐	Maintain a list of symptomatic staff/outside providers, how long they are out of work, if they have been tested for COVID-19, and test results.
Secure personal protective equipment (PPE) and other supplies	
☐	Take stock of currently available PPE and think about future needs, based on number of staff and residents; supplies should include (depending on availability) hand soap, paper towels, hand sanitizer, gloves, masks, gowns, eye protection (goggles or face shields), and sanitizing wipes
☐	Know how to order more PPE before it runs out; this could include ordering from your usual suppliers, requesting from your professional organization, or contacting the local Office of Emergency Management.
☐	Review PPE conservation guidelines, available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html.
Hand hygiene and environmental disinfection	
☐	Increase availability of alcohol-based hand sanitizer (containing at least 60% alcohol) in the facility, ideally in hallways and common areas. Dispensers should be refilled regularly.
☐	Stock all sinks with liquid soap and paper towels, and ensure a system is in place to restock on a regular basis.
☐	Encourage staff and residents to diligently and frequently perform hand hygiene.
☐	Routinely (at least once per day, if possible) clean and disinfect surfaces and objects that are frequently touched in common areas. Most common household disinfection products are effective; a comprehensive list can be found at https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2.
☐	Ensure medical and other equipment that may be used with multiple residents (e.g. thermometer) is disinfected after each use.
☐	Ensure disinfection wipes are accessible for use.
Universal facemask	
☐	All staff and outside providers must wear a facemask while in the facility when within 6 feet of a resident.
Resident monitoring	
☐	Set up a daily system to monitor all residents for signs and symptoms* of COVID-19. At a minimum, this would include temperature checks and a symptom screen.
☐	Ask residents (if they are capable) to monitor themselves for any COVID-19 symptoms and provide them with of a point of contact at the facility to call and notify if they develop symptoms consistent with COVID-19.
☐	Maintain a list of ill residents and their current status (e.g. COVID-19 test results if done, need for hospitalization, symptom progression or resolution).
☐	In communities with a high burden of COVID-19, treat any resident with any influenza-like illness (fever, cough, muscle aches, etc.), pneumonia diagnosis, or unexplained change in status, as possible COVID-19, place them on appropriate precautions, and follow additional guidance (see next section).
Taking care of a resident with confirmed, suspected, or possible COVID-19 & Roommate (if applicable)	
☐	Immediately isolate the resident in their room.
☐	Confirm whether resident has a spouse or roommate and speak with local health department about placement options for that individual.
☐	Advise other residents in the facility to stay in their rooms (if not already doing so).

☐	If ill resident is not able to stay in the room because of dementia or for other reasons, give the resident a mask to wear, if tolerated, provide opportunities for frequent hand hygiene, and keep separate from other residents, as much as possible.
☐	If possible, have ill residents wear a facemask when staff enter the room.
☐	At a minimum, all staff and outside providers providing care for the resident need to use a facemask and gloves. Eye protection should also be used if available. Gowns should be worn, if available, when providing care and/or services likely to get urine, saliva, stool, and other bodily substances on the provider's clothes.
☐	All staff or outside providers caring for the ill resident should receive just-in-time-training on proper PPE wear.
☐	Post signs on the residents' doors indicating specific PPE needed by ACF staff to enter the room.
☐	Have necessary PPE, hand hygiene supplies (i.e., sanitizer), and disinfection wipes available in the facility, preferably close to the patient room.
☐	Have a place where PPE can be safely removed and proper receptacle for disposal (ideally at the exit to the resident's room).
☐	Closely monitor residents of the unit/wing/facility for fever and other symptoms* of COVID-19 infection. This will help detect spread of infection more rapidly.
☐	Minimize floating staff where possible.
☐	If ill residents need to be transferred, communicate with EMS and the receiving hospital about possible COVID-19, including identified symptoms, temperature, etc. before arrival.
☐	Notify the local health department about any of the following: • COVID-19 is suspected or confirmed in a resident or staff; • Increase in residents being transferred to the hospital for COVID-19 like-illness; • Increase in staff/other affiliated personnel calling out sick for hospital for influenza-like illness; or • Increase in unexplained deaths or deaths from respiratory symptoms.
☐	Notify family members or next of kin if any resident tests positive for COVID-19, or if any resident suffers a COVID-19 related death, within 24 hours of such positive test result or death.

Older people with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening weakness, altered mental status, dizziness, vomiting, diarrhea, and/or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.