



BRIGGS®

COVID-19 PREPAREDNESS CHECKLIST

NURSING HOMES AND OTHER
LONG-TERM/SENIOR LIVING SETTINGS

Date Checklist Completed

This CDC checklist identifies key areas that long-term care and senior living facilities should consider in their COVID-19 planning. Facilities can use this tool to 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, local, tribal, and territorial resources to ensure that the facility's plan complements other community and regional 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.

INSTRUCTIONS/RECOMMENDATIONS (Briggs Healthcare®)

Use this checklist to evaluate your facility's COVID-19 preparedness. Answer each element with Completed, In Progress or Not Started. Enter a date and staff initials for each status indicated. Use pages 9-12 to record notes about specific elements, for example, you would record 1.2 in the Activities Number when entering a note about the planning committee/team, record the note then enter the author's initials and date of note in the corresponding columns. Comments/additional notes space is provided on page 13. Sign and initial the bottom of page 13 as the person(s) completing the checklist. Lastly, we've provided a field on the cover to record the date the checklist was completed.

We strongly encourage you to continue to monitor the CDC COVID-19 and CMS Medicare Provider Policy and Memos to States and Regions websites for updates as this is a very fluid situation.

A preparedness checklist for hospitals, including long-term acute care hospitals is available

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hospital-preparedness-checklist.pdf>

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>

Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF)

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

Corona virus (COVID-19)

www.cdc.gov/COVID-19

COVID-19 PREPAREDNESS CHECKLIST

1. STRUCTURE FOR PLANNING AND DECISION MAKING			
Activities	Completed	In Progress	Not Started
1.1 COVID-19 has been incorporated into emergency management planning for the facility.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
1.2 A multidisciplinary planning committee or team * has been created to specifically address COVID-19 preparedness planning. List committee or team name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <i>*An existing emergency or disaster preparedness team may be assigned this responsibility.</i>	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
1.3 People assigned responsibility for coordinating preparedness planning, hereafter referred to as the COVID-19 Response Coordinator. Insert name(s), title(s), and contact information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
1.4 Develop a list of committee members with the name, title, and contact information for each personnel category checked below and attach to this checklist. Members of the planning committee include the following: <ul style="list-style-type: none"> <input type="checkbox"/> Facility administration <input type="checkbox"/> Medical Director <input type="checkbox"/> Director of Nursing <input type="checkbox"/> Infection control <input type="checkbox"/> Occupational health <input type="checkbox"/> Staff training and orientation <input type="checkbox"/> Engineering/maintenance services <input type="checkbox"/> Environmental (housekeeping) services <input type="checkbox"/> Dietary (food) services <input type="checkbox"/> Pharmacy services <input type="checkbox"/> Occupational/rehabilitation/physical therapy services <input type="checkbox"/> Transportation services <input type="checkbox"/> Purchasing agent <input type="checkbox"/> Facility staff representative <input type="checkbox"/> Other member(s) as appropriate (e.g., clergy, community representatives, department heads, resident and family representatives, risk managers, quality improvement, direct care staff including consultant services, union representatives) 	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
1.5 The facility's COVID-19 Response Coordinator has contacted local or regional planning groups to obtain information on coordinating the facility's plan with other COVID-19 plans. Insert groups and contact information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____

COVID-19 PREPAREDNESS CHECKLIST

2. DEVELOPMENT OF A WRITTEN COVID-19 PLAN			
Activities	Completed	In Progress	Not Started
2.1 A copy of the COVID-19 preparedness plan is available at the facility and accessible by staff.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
2.2 Relevant sections of federal, state, regional, or local plans for COVID-19 or pandemic influenza are reviewed for incorporation into the facility's plan.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
2.3 The facility plan includes the Elements listed in #3 below.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
2.4 The plan identifies the person(s) authorized to implement the plan and the organizational structure that will be used.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3. ELEMENTS OF A COVID-19 PLAN			
General:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1 A plan is in place for protecting residents, healthcare personnel, and visitors from respiratory infections, including COVID-19, that addresses the elements that follow.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.2 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:	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.3 The facility has a process for inter-facility transfers that includes notifying transport personnel and receiving facilities about a resident's suspected or confirmed diagnosis (e.g., presence of respiratory symptoms or known COVID-19) prior to transfer.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.4 The facility has a system to monitor for, and internally review, development of COVID-19 among residents and healthcare personnel (HCP) in the facility. Information from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting), see CDC guidance on respiratory surveillance: https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf .	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____

COVID-19 PREPAREDNESS CHECKLIST

3. ELEMENTS OF A COVID-19 PLAN (continued)

Activities	Completed	In Progress	Not Started
General (continued): 3.5 The facility has infection control policies that outline the recommended Transmission-Based Precautions that should be used when caring for residents with respiratory infection. (In general, for undiagnosed respiratory infection, Standard, Contact, and Droplet Precautions with eye protection are recommended unless the suspected diagnosis requires Airborne Precautions; see: https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html .) For recommended Transmission-Based Precautions for residents 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 .	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.6 The facility periodically reviews specific IPC guidance for healthcare facilities caring for residents with suspected or confirmed COVID-19 (available here: https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html .) 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 .)	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
Facility Communication: 3.7 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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
State health department contact: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
State long-term care professional/trade association: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			
3.8 A person has been assigned responsibility for communications with public health authorities during a COVID-19 outbreak. Insert name and contact information: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.9 Key preparedness (e.g., healthcare coalition) points of contact during a COVID-19 outbreak have been identified. Insert name, title, and contact information for each: <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____

COVID-19 PREPAREDNESS CHECKLIST

3. ELEMENTS OF A COVID-19 PLAN (continued)			
Activities	Completed	In Progress	Not Started
<i>Facility Communication (continued):</i> 3.10 A person has been assigned responsibility for communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility. (Having one voice that speaks for the facility during an outbreak will help ensure the delivery of timely and accurate information.)	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.11 Contact information for family members or guardians of facility residents is up to date.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.12 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 facility (e.g., consultants, sales and delivery people) about the status of COVID-19 in the facility.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.13 A list has been created of other healthcare entities and their points of contact (e.g., other long-term care and residential facilities, local hospitals and hospital emergency medical services, relevant community organizations—including those involved with disaster preparedness) with whom it will be necessary to maintain communication during an outbreak. Food Purveyors & Potable Water contact <input type="checkbox"/> A copy of contact list is attached to this checklist.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.14 A facility representative(s) has been involved in the discussion of local plans for inter-facility communication during an outbreak.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
<i>Supplies and Resources:</i> 3.15 The facility provides supplies necessary to adhere to recommended IPC practices including:	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.16 Alcohol-based hand sanitizer for hand hygiene is available in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall , in therapy gym).	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.17 Sinks are well-stocked with soap and paper towels for hand washing.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.18 Signs are posted immediately outside of resident rooms indicating appropriate IPC precautions and required personal protective equipment (PPE).	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.19 Facility provides tissues and facemasks for coughing people near entrances and in common areas with no-touch receptacles for disposal.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____

COVID-19 PREPAREDNESS CHECKLIST

3. ELEMENTS OF A COVID-19 PLAN (continued)

Activities	Completed	In Progress	Not Started
<i>Supplies and Resources (continued):</i> 3.20 Necessary PPE is available immediately outside of the resident room and in other areas where resident care is provided.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.21 Facilities should have supplies of facemasks, respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP), gowns, gloves, and eye protection (e.g., face shield or goggles).	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.22 Trash disposal bins should be positioned near the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.23 Facility ensures HCP have access to EPA-registered hospital-grade disinfectants to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. <ul style="list-style-type: none"> • <i>Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. 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 label instructions.</i> 	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.24 The facility has a process to monitor supply levels.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.25 The facility has a contingency plan, that includes engaging their health department and healthcare coalition when they experience (or anticipate experiencing) supply shortages. Contact information for healthcare coalitions is available here: https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
<i>Identification and Management of Ill Residents:</i> 3.26 The facility has a process to identify and manage residents with symptoms of respiratory infection (e.g., cough, fever, sore throat) upon admission and daily during their stay in the facility, which include implementation of appropriate Transmission-Based Precautions.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.27 The facility has criteria and a protocol for initiating active surveillance for respiratory infection among residents and healthcare personnel. CDC has resources for performing respiratory surveillance in long-term care facilities during an outbreak. (See: https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf)	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____

COVID-19 PREPAREDNESS CHECKLIST

3. ELEMENTS OF A COVID-19 PLAN (continued)			
Activities	Completed	In Progress	Not Started
Identification and Management of Ill Residents (continued): 3.28 Plans developed on how to immediately notify the health department for clusters of respiratory infections, severe respiratory infections, or suspected COVID-19.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.29 The facility has criteria and a protocol for: limiting symptomatic and exposed residents to their room, halting group activities and communal dining , and closing units or the entire facility to new admissions.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.30 The facility has criteria and a process for cohorting residents with symptoms of respiratory infection, including dedicating HCP to work only on affected units.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
Considerations about Visitors: 3.31 The facility has plans and material developed to post signs at the entrances to the facility instructing visitors not to visit if they have fever or symptoms of a respiratory infection.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.32 The facility has criteria and protocol for when visitors will be limited or restricted from the facility.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.33 Should visitor restrictions be implemented, the facility has a process to allow for remote communication between the resident and visitor (e.g., video-call applications on cell phones or tablets) and has policies addressing when visitor restrictions will be lifted (e.g., end of life situation). For more information about managing visitor access and movement in the facility see: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
Occupational Health: 3.34 The facility has sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill healthcare personnel (HCP) to stay home.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.35 The facility instructs HCP (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection, as a part of routine practice.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.36 The facility has a process to actively screen HCP for fever and symptoms when they report to work.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.37 The facility has a process to identify and manage HCP with fever and symptoms of respiratory infection.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____

COVID-19 PREPAREDNESS CHECKLIST

3. ELEMENTS OF A COVID-19 PLAN (continued)

Activities	Completed	In Progress	Not Started
<i>Occupational Health (continued):</i> 3.38 The facility has a plan for monitoring and assigning work restrictions for ill and exposed HCP. (See: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html)	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.39 The facility has a respiratory protection plan that includes medical evaluation, training, and fit testing of employees.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
<i>Education and Training:</i> 3.40 The facility has plans to provide education and training to HCP, residents, and family members of residents to help them understand the implications of, and basic prevention and control measures for, COVID-19. The Consultant HCP should be included in education and training activities.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.41 A person has been designated with responsibility for coordinating education and training on COVID-19 (e.g., identifies and facilitates access to available programs, maintains a record of personnel attendance). Insert name, title, and contact information: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.42 Language and reading-level appropriate materials have been identified to supplement and support education and training programs to HCP, residents, and family members of residents (e.g., available through state and federal public health agencies such and through professional organizations), and a plan is in place for obtaining these materials.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.43 Plans and material developed for education and job-specific training of HCP which includes information on recommended infection control measures to prevent the spread of COVID-19, including: <ul style="list-style-type: none"> • Signs and symptoms of respiratory illness, including COVID-19. • How to monitor residents for signs and symptoms of respiratory illness. • How to keep residents, visitors, and HCP safe by using correct infection control practices including proper hand hygiene and selection and use of PPE. Training should include return demonstrations to document competency. • Staying home when ill. • HCP sick leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact). 	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.44 See: Strategies to prevent the spread of COVID-19 in long-term care facilities, available at: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____

COVID-19 PREPAREDNESS CHECKLIST

3. ELEMENTS OF A COVID-19 PLAN (continued)			
Activities	Completed	In Progress	Not Started
<i>Education and Training (continued):</i> 3.45 The facility has a plan for expediting the credentialing and training of non-facility HCP brought in from other locations to provide resident care when the facility reaches a staffing crisis.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.46 Informational materials (e.g., brochures, posters) on COVID-19 and relevant policies (e.g., suspension of visitation, where to obtain facility or family member information) have been developed or identified for residents and their families. These materials are language and reading-level appropriate, and a plan is in place to disseminate these materials in advance of the actual pandemic.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
<i>Surge Capacity:</i> Staffing 3.47 A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.48 A person has been assigned responsibility for conducting a daily assessment of staffing status and needs during a COVID-19 outbreak. Insert name, title, and contact information:	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.49 Legal counsel and state health department contacts have been consulted to determine the applicability of declaring a facility "staffing crisis" and appropriate emergency staffing alternatives, consistent with state law.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.50 The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
Consumables and durable medical equipment and supplies 3.51 Estimates have been made of the quantities of essential resident care materials and equipment (e.g., intravenous pumps and ventilators, pharmaceuticals) and personal protective equipment (e.g., masks, respirators, gowns, gloves, and hand hygiene products), that would be needed during an eight-week outbreak.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.52 Estimates have been shared with local, regional, and tribal planning groups to better plan stockpiling agreements.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.53 A plan has been developed to address likely supply shortages (e.g., personal protective equipment), including strategies for using normal and alternative channels for procuring needed resources.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____

COVID-19 PREPAREDNESS CHECKLIST

3. ELEMENTS OF A COVID-19 PLAN (continued)

Activities	Completed	In Progress	Not Started
<i>Surge Capacity (continued):</i> Consumables and durable medical equipment and supplies 3.54 A strategy has been developed for how priorities would be made in the event there is a need to allocate limited resident care equipment, pharmaceuticals, and other resources.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.55 A process is in place to track and report available quantities of consumable medical supplies including PPE.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
Postmortem care 3.56 A contingency plan has been developed for managing an increased need for postmortem care and disposition of deceased residents.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.57 An area in the facility that could be used as a temporary morgue has been identified.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____
3.58 Local plans for expanding morgue capacity have been discussed with local and regional planning contacts.	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____	<input type="checkbox"/> Date: _____ Staff Initials: _____

ACTIVITIES-SPECIFIC NOTES

Activities Number	Note	Author Initials	Date

ACTIVITIES-SPECIFIC NOTES

Activities Number	Note	Author Initials	Date

ACTIVITIES-SPECIFIC NOTES

Activities Number	Note	Author Initials	Date

ACTIVITIES-SPECIFIC NOTES

Activities Number	Note	Author Initials	Date

COVID-19 PREPAREDNESS CHECKLIST

COMMENTS/ADDITIONAL NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Initials Signature/Title

Initials Signature/Title

Initials Signature/Title

Initials	Signature/Title
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Initials Signature/Title

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Initials Signature/Title

Initials Signature/Title