

## Housing for Health's Enriched Residential Care Facility Preparedness Checklist

Facility Name: \_\_\_\_\_ Facility Type:  RCFC  ARF  SNF  Other \_\_\_\_\_  
 Designated Staff for COVID-19 Prep: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Bed Capacity: \_\_\_\_\_ Current Census: \_\_\_\_\_  
 Community Care Licensing Contact: CCLCOVID-19INFO@dss.ca.gov  
 LAC DPH Contact: [TBD]  
 Housing for Health COVID-19 Triage Email: [TBD]  
 Housing for Health COVID-19 Triage Phone Line: [TBD]  
 PPE Supplies & Distribution Contact: [TBD]

Please Check One.	Completed	In Progress	Not Started	Comments
COVID-19 preparedness has been incorporated into Emergency Plan for facility.				
Designated staff person to coordinate preparedness planning and integrate LAC DPH, CDPH, CDC, CCL guidance				
<b>Entry Procedures</b>				
Signs have been posted at facility entrance with visitor policy (limit to essential visits only; limited visitation hours; exceptions allowed for hospice).				
Residents and their authorized representatives have been notified about your COVID-19 policies.				
One central entry point have been designated for universal entry screening.				
Routine symptom screening (+/- temperature check) has been initiated at entry for all staff, residents, and essential visitors.				
Hand washing on entry is requested for all staff, residents, and visitors.				
A sign-in policy has been enacted with all visitors.				
<b>Staff Training and Policies</b>	<b>Completed</b>	<b>In Progress</b>	<b>Not Started</b>	<b>Comments</b>
Facility provides ongoing updates about COVID-19 to residents and staff. The communications are language and reading level appropriate.				
Facility has conducted mandatory staff training on COVID-19 prevention, symptoms, transmission.				
Facility has conducted mandatory staff training on when and how to use personal protective equipment.				

Facility has conducted mandatory staff training on sick leave policies.				
Sick leave policies have been created that are non-punitive, flexible, and consistent with public health policies that allow ill personnel to stay home.				
Staff have been notified to avoid work if acute respiratory illness and to contact medical provider to consider COVID-19 testing				
Staff have been notified when they may return to work after illness (72 hours after last fever or 14 days if COVID-19 positive).				
Staff have been notified that medical clearance is not required to return to work.				
Alternate staffing plan has been developed to account for shortages.				
Facility has a plan to expedite credentials and training of non-facility staff to provide resident care when facility reaches a staffing crisis.				
(If applicable) Staff have been designated to care for symptomatic or COVID-19 positive patients.				
These designated staff have been fit tested to wear N95 respirators.				
<b>Resident Counseling and Policies</b>	<b>Completed</b>	<b>In Progress</b>	<b>Not Started</b>	<b>Comments</b>
Daily symptom screening (+/- temperature check) have been initiated for all residents.				
All activities that take persons into public or crowded places have been canceled.				
Facilities have develop policies that enable residents to leave facility for essential medical care.				
Internal group activities have been limited to foster social distancing practices (i.e. meals in individual rooms, staggered meals, 6 feet of space between residents in common areas, etc.)				
Use of teleconferencing has been implemented to allow residents to keep in touch with family, medical providers, etc.				
Meals are either offered in resident rooms or at staggered meal times for asymptomatic residents.				
All residents have at least 30 day supply of medications.				

Residents and their authorized representatives have been consulted to consider postponing elective surgical procedures.				
All emergency contact information for all residents have been updated.				
<b>Containment Strategies</b>	<b>Completed</b>	<b>In Progress</b>	<b>Not Started</b>	<b>Comments</b>
Facility has a specific plan for managing residents with symptoms of acute respiratory illness and/or COVID-19 exposure.				
"Daily COVID-19 Log" of staff and residents with acute respiratory illness and/or exposures is being sent to HFH team.				
Facility is able to designate a single-person room with closed door to isolate symptomatic and/or asymptomatic exposed residents.				
Facility is able to designate a single bathroom for isolation of symptomatic and/or asymptomatic exposed residents.				
(If indicated) Signs are posted outside of isolation rooms to indicate appropriate contact and respiratory droplet precautions.				
(If indicated) Appropriate PPE (face masks, gowns, gloves, eye protection) is available outside of isolation room.				
(If indicated) Trash bins and hand washing stations are located outside of isolation room.				
Plan has been developed to immediately notify residents' medical provider if symptoms develop or if COVID-19 exposure occurs				
Plan has been developed to Immediately notify residents' authorized representative if symptoms develop or if COVID-19 exposure occurs				
Plan has been developed about when to call 911 for residents with severe respiratory symptoms or illness. Interfacility transfer document is available.				
Plan to test and isolate symptomatic residents for COVID-19 in consultation with medical provider				
Plan has been developed to accept back clients following discharge from hospital for acute respiratory illness.				

Plan has been developed to notify LAC DPH if any residents or staff develop symptoms or have exposures to COVID-19.				
Plan has been developed to notify CCL and HFH Team if any residents test positive for COVID-19				
Facility is able to serve all meals and deliver medications to residents in isolation.				
Plan has been developed to monitor residents in isolation routinely (at least every 2-4 hours).				
<b>Environmental Preparation &amp; Cleaning</b>	<b>Completed</b>	<b>In Progress</b>	<b>Not Started</b>	<b>Comments</b>
Facility has a specific plan to ensure proper cleaning and disinfection of environmental surfaces and laundry.				
Commonly touched surfaces are cleaned and disinfected at least once a day.				
Meeting areas between visitor and resident are cleaned and disinfected room after visit.				
Plan to ensure appropriate cleaning of isolation rooms has been developed.				
Signs are posted throughout the facility to encourage residents to report acute respiratory illness to staff.				
Signs are posted throughout facility to promote hand washing, cough/sneeze etiquette, and social distancing.				
Hand washing stations or alcohol based hand sanitizer are available in every resident room				
Sinks are well stocked with soap and paper towels for hand washing.				
A plan has been created to audit and address supply shortages.				
<b>Facility has procured a 30 days supply of:</b>	<b>Completed</b>	<b>In Progress</b>	<b>Not Started</b>	<b>Comments</b>
Hand hygiene supplies				
Tissues, paper towels, cleaners and EPA-registered disinfectants				
Surgical masks				
Disposable gloves				
Disposable gowns				
Face shields				
N95 respirators				
Food supplies				