COVID-19 CONTAINMENT CHECKLIST

After you have a suspected or confirmed case of COVID-19

(Sources: Modified from AMDA – The Society for Post-Acute and Long-Term Care Medicine; Centers for Disease Control & Prevention COVID-19 guidelines; and guidance from the Minnesota Department of Health as of 03/26/20.)

Resident Management

If you have not already implemented the following, do so immediately:

- ☐ Initiate alert monitoring: Temp, O^2 sats for each client in the community at least daily.
- ☐ Institute "telehealth." If telehealth system is not available, healthcare providers can still communicate with patients by phone (instead of visits) reducing the number of provider visits.
- ☐ If positive for fever or respiratory signs/symptoms, isolate the resident in their room and implement droplet precautions.

Isolation

- ☐ If possible, designate entire unit within facility to care for known or suspected COVID-19.
- ☐ When possible, care should be provided in a single-person room with the door closed.
- ☐ When possible, resident should have a dedicated bathroom.
- ☐ Ensure isolation carts with isolation supplies and isolation signs are outside the room. Include signage on how to don and doff PPE.
- ☐ Minimize entries into patient rooms by bundling care and treatment activities.
- ☐ Restrict resident to their room (except for medically necessary purposes).
- ☐ Dedicated staff who are only assigned to care for residents who are COVID-19 positive and dedicate staff to care for non-symptomatic/non-COVID-19 residents. **It is important to keep the care teams separate.**
- ☐ If residents leave their room, they should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing.
- ☐ If the resident has a nebulizer, contact the primary care provider to determine if a different treatment is necessary, nebulizers may provide a risk within the community.
- ☐ Keep doors closed with CPAP patients while using.

Infection Control

- ☐ Initiate droplet precautions (droplet precautions also include isolation & contact precautions).
- ☐ Prior to entering and exiting the unit and a resident room, perform hand hygiene by washing hands with soap and water or applying alcohol-based hand sanitizer.

Communication

- ☐ Notification of family /POA for resident's change in condition.
- ☐ Notification of Medical Director of any resident/staff with Respiratory Symptoms.
- ☐ For Residents receiving Dialysis outside the facility- notify their dialysis center and request they be dialyzed in "isolation".
- ☐ Notify hospital prior to transferring a resident with acute respiratory illness, including suspected or confirmed COVID-19.
- ☐ If resources allow, consider universal facemask for healthcare personnel while in the facility.

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Staff Management

If you have not already implemented the following, do so immediately:

- ☐ Post CDC info on COVID-19.
- ☐ Train staff on how to wear PPE safely.
- ☐ Ongoing staff education on proper hand hygiene.
- ☐ Observe staff–hand hygiene, donning and doffing PPE, and during care
- ☐ Take temperature of all staff before beginning of shift. Record on temp log and absence of symptoms.
- ☐ Assign consistent staff to same unit/hall on a consistent basis.

Staff who have had contact with individual who was symptomatic before testing positive:

In an ideal situation, MDH guidance is for any staff who had contact with a confirmed case and was not wearing recommended PPE self-quarantine for 14 days.

- ☐ If that is not possible, MDH guidance is that staff can continue to work if they are asymptomatic or test negative as long as they are screened before each shift, they wear a mask and practice hand hygiene, and the setting is using an exposure log to track employees.

Staff illnesses:

- ☐ Post procedure for staff if they become ill on duty.
- ☐ Do not require a healthcare provider's note for employees who are sick with respiratory symptoms to return to work.
- ☐ Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross training current employees, or hiring agency or temporary staff.
- ☐ Staff who are sick should have clear instructions regarding home care and when and how to access the healthcare system for face-to-face care or urgent/emergency conditions.

Visitor Management

- ☐ Post No Visitors signs on all doors.
- ☐ Secure doors and allow only one entry if possible.
- ☐ Visitors for end of life should perform hand hygiene and don PPE before entering care units.

Communications

- ☐ Consider having a daily meeting with staff to update them regarding facility plan.
- ☐ Retain legal support.
- ☐ Retain media consultant.
- ☐ Assign someone who has some clinical knowledge, good communication/conflict management skills to staff the phones.
- ☐ DNS/Administrator return all calls to family as requested.

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Environmental Management
☐ Increase sanitation of high touch areas and common areas including (computer screens, keyboards, elevator buttons, entry, exit buttons, door handles, knobs, counters, handrails, grab bars, therapy equipment, shared medical equipment such as Hoyer lifts, shower chairs, wheelchairs, remote controls, etc.) [If you've not in already done so]
☐ Limit sharing of personal items between residents.
☐ Use dedicated medical equipment for isolated residents. Oximeter, B/P cuff, Stethoscope etc.
☐ Ensure supplies are available. (tissues, waste receptacles, alcohol-based hand sanitizers)
☐ Ensure access to alcohol-based hand sanitizer both inside and outside of patient rooms.
☐ Sanitize any rental equipment's prior to use (Bariatric beds, mattress etc.)
☐ Consider zone cleanings. Assign staff to a zone in the facility to sanitize high touch surfaces 3 times a day.
Supplies Management
☐ Keep an Inventory of PPE (gowns, gloves, masks and eye shield) and other disinfecting supplies (Disinfecting wipes, etc.)
☐ PPE use only in droplet precaution/isolation rooms, not to be worn in the facility
☐ When PPE supplies are limited, rapidly transition to extended use of eye and face protection. (i.e. respirators or facemasks.)
☐ Daily assess Infection Prevention Supplies- PPE, alcohol-based hand sanitizers and estimate number of days available.

NOTE: MDH will contact providers when they have a resident who tests positive for coronavirus. MDH will provide support and guidance to the provider, including a risk and exposure assessment, care coordination and management for the infected individual, and PPE and infection control protocols. MDH will also contact staff who may have been in contact with the infected individual and provide guidance to them. It is advised that providers work collaboratively with MDH and follow their guidance and recommendations, which may differ in part from this suggested checklist.

For communication and messaging support, see Confirmed Case Resources at:

www.leadingagemn.org/coronavirus