



Facility: _____ Date: _____

COVID-19 CHECKLIST

	Person Responsible	Date Completed
Planning and Decision Making		
Executive Director is responsible for preparedness planning		
Create a planning committee to include administration, medical director, nursing, reception, plant ops, environmental, and others as needed; meet a minimum of weekly to evaluate your plan.		
Incorporate COVID-19 preparedness into your Emergency Preparedness plan.		
Review/Complete the Emergency Numbers and Contacts List.		
Review/Prepare updated employee contact list.		
Campus to designate one main entrance, limit deliveries to service door and place signage on all doors.		
Have designated campus employee at main entrance providing education and screening from 8am to 6pm.		
Implement restricted visitation plan in accordance with company guidelines and/or governmental guidance.		
Limit pet visits in accordance with company guidelines and/or governmental guidance.		
Complete infection control education and screening questionnaires for all visitors, outpatients, and contractors who attempt to enter the campus.		
Ensure PPE, including N95 respirators, are available for campus employees and visitors as needed and as campus supplies allow.		
Ensure N95 respirator fit testing hoods and solutions are available.		
Ensure readily available hand hygiene stations for residents, outpatients, contractors, staff, and visitors.		
Education (Refer to Red e App Resources and/or Trilogy University)		
The DHS or designee is responsible for coordinating education.		
In-service all staff on COVID-19 Preparedness Resources in Red e App and Trilogy U, and COVID-19 SOP.		
In-service staff and educate residents and visitors on infection control procedures and precautions (e.g., respiratory hygiene/cough etiquette, frequent hand hygiene / hand washing for 20 seconds, and PPE utilization).		
Post signage and provide educational materials (respiratory hygiene/cough etiquette, hand hygiene, visitor sign at entrance) throughout the campus.		

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Communications		
ED and DHS will be responsible for daily monitoring of COVID-19 updates and internal communications to staff, patients, and responsible parties.		
Establish a system for communication with patients and families.		
Continued open communication with residents, staff, families, resident representatives, volunteers, providers on COVID-19 information as it becomes available.		
Maintain a list for patients' regular clinic, physician, or dialysis appointments in order to cancel non-essential appointments.		
If contacted by a member of the media, alert your DVP and email press@trilogyhs.com . A member of the COVID-19 Committee will contact the reporter.		
General Staff Management		
All employees should complete the Trilogy Health Services Visitor Screening Questionnaire, which includes a baseline temperature. Screen staff on all shifts.		
Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill staff to stay home.		
Ask staff (including support personnel) to regularly monitor themselves for fever and symptoms of respiratory infection.		
Remind staff to stay home when they are ill and report any respiratory symptoms to their supervisor.		
If staff develop fever or symptoms of respiratory infection while at work, they should immediately put on a facemask, inform their supervisor, and leave the workplace.		
Employee should consult healthcare provider on decisions about further evaluation and return to work.		
Employees can call Compliance Hotline with questions: 1-800-908-8618.		
Avoid floating staff if possible. Staff should be assigned to the same unit or hallway on a consistent basis.		
Educate staff to self-assess and report symptoms that they may be having before reporting to work (elevated temperature, any respiratory symptoms) <ul style="list-style-type: none"> Employees that are ill should notify their supervisor, stay home, and seek healthcare advice through their regular provider. Those with mild symptoms are encouraged to call their provider before going in for medical advice.		
Encourage staff to develop a childcare plan for school closings.		
Evaluating Residents for COVID-19		
Follow current CDC, CMS, and/or state screening recommendations: <ul style="list-style-type: none"> https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html 		

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Managing Residents with Suspected COVID-19		
<ul style="list-style-type: none"> Residents in a private room with suspected COVID-19 should remain isolated. If residents are in a semi-private room, one resident will be moved to a private room, if available. 		
Room sharing might be necessary if there are multiple residents with suspected COVID-19 in the facility. Ensure that PPE is readily accessible and in close proximity to the resident's room.		
Attempt to assign same caregivers to provide care to suspected resident.		
Appropriate PPE should be used by healthcare personnel when encountering the resident.		
For each resident with suspected exposure, review visitor logs for up to 14 days prior to onset of symptoms.		
Implement in-room meal service for residents displaying respiratory symptoms.		
If resident receiving therapy, provide in room therapy or is the only person in therapy gym and cleaning completed after session using EPA registered, or hospital grade disinfectant.		
Clean and disinfect resident rooms daily.		
If symptoms persist and etiology unable to be identified, obtain physician order to send to acute care setting for COVID-19 testing.		
Notify receiving acute care facility and notify EMS of resident condition.		
All residents in the campus should have a Trilogy- Potential Respiratory Exposure Observation 3.10.20 completed in their EHR, which includes a baseline temperature.		
Isolation Management COVID-19		
Isolation precautions should be made on a case-by-case basis and in consultation with public health officials.		
Ask residents to report if they feel feverish or have symptoms of respiratory infection.		
Upon admission and throughout their stay in the facility, assess residents for: <ul style="list-style-type: none"> Fever Symptoms and signs of respiratory infection 		
Begin active monitoring of all residents and employees in the facility for signs and symptoms of respiratory infection.		
If more than 3 residents on a wing begin to show signs and symptoms of a respiratory infection, move them to a designated area of campus.		
Complete the "Trilogy – Infection Event" documentation in each resident's electronic health record (EHR).		
Update provider on resident(s) condition and request Influenza POC testing.		
When social distancing is not possible, encourage resident(s) to wear face mask.		
Continue to communicate resident(s) condition and request further direction from provider.		

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Notify the health department regarding residents with respiratory infection and follow provided guidance. See State-Based Prevention Activities for contact information for the healthcare-associated infections program in each state health department.		
Continue to assess the need for Transmission-Based Precautions as more information about the resident's suspected diagnosis becomes available. Keep provider informed of changes in resident condition.		
If resident receives visitors, they will be escorted to and from the resident's room.		
Cancel or limit group activities and outings per company guidelines.		
Infection Control		
While awaiting transfer, symptomatic residents should wear a facemask, N95 respirator, or other clinically appropriate protectant, as tolerated. <ul style="list-style-type: none"> If any of the foregoing are not available, or resident cannot tolerate, place tissue over nose and mouth. 		
Symptomatic residents awaiting transfer should be separated from others (e.g., kept in their room with the door closed).		
Develop a plan for isolation and/or grouping of affected residents <ul style="list-style-type: none"> Discuss with Clinical Support team if facility will group residents displaying similar symptoms to one area within the campus. 		
Implement surveillance of COVID-19 cases in the facility per COVID-19 SOP: Monitor patients and employees for fever, dry cough and shortness of breath <ul style="list-style-type: none"> Other symptoms may include: nasal congestion, runny nose, sore throat or diarrhea Monitor patients for developing severe illness (typically in the second week of illness) 		
Review incoming patients with illnesses for isolation needs		
Report confirmed or suspected cases of COVID-19 to DVP and Clinical Support		
Outbreak Management		
Call your State and/or Local Health Department for testing and guidance if you have potential exposure to infectious disease.		
Follow SOP steps for management of potentially infected residents.		
Implement social distancing practices, including suspension of group activities, group dining and other social events.		
Implement daily temperature checks and symptom monitoring for residents and staff.		
Environment		
Perform enhanced environmental cleaning per CDC recommendations. Ensure that EPA registered, hospital-grade disinfectant is available for frequent cleaning of high touch surfaces and resident care equipment.		
The DVP and ED should arrange for a deep cleaning of the entire campus. This includes, but is not limited to, walls, surfaces, breakrooms, bathrooms, medical equipment, door knobs, handrails, etc.		

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Clean and disinfect resident rooms daily.		
Resident Psychosocial/Activities		
Encourage usage of alternative visitation with family via, Skype, FaceTime, etc.		
Resident First meetings to occur via phone.		
Update resident care plan/service plan to address psychosocial needs as needed.		
Food Service		
Suspend communal dining and implement in-room service.		
Ensure disposable supplies are maintained.		
Ensure hard copy of resident roster is always available.		
Confirm emergency meals are available, if normal food service is disrupted.		