

## COVID-19 FOCUSED SURVEY BINDER

This checklist was developed to assist facility staff in preparing a “survey binder” containing documents that will be reviewed during a COVID-19 Focused Survey.

Items in red are available on the HealthCap Resource Center <https://riskmanagement.healthcapusa.com/>

STANDARD AND TRANSMISSION-BASED PRECAUTIONS	
	Protocols for cleaning and disinfecting rooms and equipment <i>Environmental IC Suspected or Confirmed COVID-19, Housekeeping Protocol Information Flyer, Terminal Cleaning/Disinfection COVID-19 Rooms</i>
	Current PPE inventory, if low or out of PPE, include documentation to show facility attempts to obtain supplies. <i>Daily PPE Tracking Logs, Facility Supply Tracking Log</i>
	Copy of latest PPE burn rate calculation <i>PPE Burn Calculator</i>
	Copy of sign-in sheets for education to staff on the following infection control policies: handwashing, transmission-based precautions, when to use PPE and how to don and doff PPE, extended use protocols and disposal. <i>Donning/Removing PPE Infographic Transmission Based Precautions PPE Guidelines – What To Wear UNMC</i>
RESIDENT CARE OBSERVATIONS	
	Policies for restricting resident to their rooms except for medically necessary purposes. <i>Resident Restrictions During COVID-19 Pandemic</i>
	Policies for activities, cancellation of group outings, group activities and communal dining. <i>Resident Restrictions During COVID-19 Pandemic</i>
	Policy for isolation of residents with known or suspected COVID-19. <i>Transmission Based Precautions, Competency for Donning PPE, Competency for Removing PPE</i>
	Protocols for alerting EMS and the receiving facility of a residents suspected or confirmed COVID-19 and the use of facemask during transfer. <i>Transporting Residents with Positive or Suspected COVID-19</i>
	List of residents who leave the facility regularly for medically necessary purposes e.g. dialysis, chemotherapy, etc.
INFECTION STANDARDS AND POLICIES AND PROCEDURES	
	ICP Standards, policies and procedures for undiagnosed respiratory illness and COVID-19 that are current and based on national standards. <i>COVID-19 Care Area</i>
	Policy or procedure for when to notify local/state public health officials when there are clusters of respiratory illness or there are confirmed or suspected cases of COVID-19.
INFECTION SURVEILLANCE	
	Surveillance logs of resident and employees with signs and symptoms related to COVID-19 and with a diagnosis of COVID-19. <i>Resident COVID-19 Tracking Tool, Employee COVID Screening Tool</i>
	Protocols when an employee or resident should be tested for COVID-19. <i>COVID-19 Testing Decision Tree from Minnesota Association of Geriatric Inspired Clinicians</i>
	Surveillance Plan to identify, track, monitor and/or report a fever, respiratory illness, and/or other signs/symptoms of COVID-19, and isolating individuals who are symptomatic immediately.

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	<i>Resident COVID-19 Tracking Tool</i>
	Process for communicating the diagnosis, treatment, and laboratory test results when transferring a resident to an acute care hospital or other healthcare provider; and obtaining pertinent notes such as discharge summary, lab results, current diagnosis, and infection or multidrug-resistant organism colonization status when a resident is transferred back from an acute care hospital.
	<b>VISITOR ENTRY</b>
	Visitor Screening protocol <i>Visitor Sign In/Sign Out Log , Screening Visitors and Staff Policy &amp; Procedure</i>
	Visitor restriction criteria <i>Visitor Sign In/Sign Out Log, Screening Visitors and Staff Policy &amp; Procedure</i>
	Signage that is posted at facility entrances for screening and restrictions <i>Visitor Restriction Door Sign</i>
	Protocol for communication to alert visitors of new procedures and restrictions <i>Visitor Restriction Door Sign</i>
	Instructions to those permitted to enter regarding hand hygiene, limited interactions with others, PPE, etc. <i>Visitor Restrictions</i>
	<b>EDUCATION, MONITORING AND SCREENING OF STAFF</b>
	Education to staff on COVID-19 to include symptoms, transmission, screening criteria, work exclusions. <i>Things Remembered: Education and Communication</i>
	Protocols for providing updates on COVID-19 to all staff <i>Notification Toolkit</i>
	Protocols for screening staff at the beginning of their shift <i>Employee Sign in-Sign out Sheet</i> <i>Screening Visitors and Staff Policy &amp; Procedure</i>
	Protocols when an employee develop symptoms at work <i>When an Employee Develops COVID-19 at work</i>
	Policies on return to work criteria <i>Staff Return to Work Algorithm</i>
	<b>REPORTING TO RESIDENTS, REPRESENTATIVES AND FAMILIES</b>
	Policy and Procedures for notification to the residents, representatives and families <i>Notification Toolkit</i>
	<b>REPORTING TO THE CDC</b>
	Weekly data reported to CDC through the NHSN database <i>COVID-19 Reporting Requirements</i>
	<b>EMERGENCY PREPAREDNESS-STAFFING IN EMERGENCIES</b>
	Emergency Preparedness pan to include how the facility plans to ensure sufficient staffing during an emergency <i>Staffing During an Emergency Policy, Strategies to Mitigate Staffing Shortages, Staffing Issues COVID-19</i>
	Documentation of how the plan was implemented related to COVID-19, if applicable

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## Are You Ready for a COVID-19 Focused Survey?

### Summary of F-880 Infection Control

Per CMS, nursing facilities must establish and maintain “an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.”

Nursing facilities who know the requirements and ensure that they are implemented have better outcomes during a COVID-19 Focused Survey.

The requirements for the Infection Prevention and Control Program (IPCP) include:

**The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:**

1. A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted and following accepted national standards;
2. Written standards, policies, and procedures for the program, which must include, but are not limited to:
  - A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility
  - When and to whom possible incidents of communicable disease or infections should be reported
  - Standard and transmission-based precautions to be followed to prevent the spread of infection
  - When and how isolation should be used for a resident
  - The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease
  - Hand hygiene procedures to be followed by staff involved in direct resident contact.
3. A system for recording incidents identified under the facility’s IPCP and the corrective actions taken by the facility.
4. Linens-personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

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## Are You Ready for a COVID-19 Focused Survey?

### You need to know the “F” Tag for Reporting to the CDC

#### Summary of F-884 Reporting to the CDC

Nursing facilities who know the requirements and ensure that they are implemented have better outcomes during a COVID-19 Focused Survey.

- This F-tag is only for use by CMS Federal Surveyors during *offsite reviews*. State Surveyors should not cite this F-tag.
- This information is included in the COVID-19 Focused Survey for Nursing Homes (updated 5/8/2020, Critical Element #8).
- CMS Federal Surveyors are guided to review CDC data provided to CMS to determine if the facility has been reporting at least once a week and if all required data elements are being reported on.
- Facilities identified as not reporting to NHSN after the 2-week reporting grace period ends will receive a deficiency citation at F884 S/S: F and will be subject to an enforcement remedy.
  - Nursing homes are required to report weekly to the CDC, and non-compliance will result in the imposition of a Civil Monetary Penalty (CMP).
    - A warning letter will be sent to all facilities who have not submitted data by May 31, 2020 at 11:59PM.
    - Facilities who have not started reporting by June 7, 2020 at 11:59PM, will result in a per day (PD) CMP of \$1,000 *for one day*.
    - Each subsequent week that a facility fails to submit the required data will result in an additional *one-day* CMP imposed at an amount increased by \$500. This means that a facility could receive a \$1,000 CMP one week, and by not reporting the next week, receive an additional \$1,500 CMP.

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## **Are You Ready for a COVID-19 Focused Survey?**

### **You need to know the “F” Tag for Reporting to Residents/Representative/Families**

#### **Summary of F-885 Reporting to Residents, their Representatives and Families**

- This F-tag will be used during *onsite surveys* by either State or Federal Surveyors.
- The review for F885 has been added to the COVID-19 Focused Survey Protocol.
  - Surveyors will review the mechanism(s) the facility is using to inform residents/representatives/families about required COVID-19 data.
- If a nursing home is found to be out of compliance with the regulation, the facility will receive a citation and enforcement actions will be taken.
- This regulation requires that facilities communicate with residents, representatives and family members regarding COVID-19 in their buildings. CMS notes that facilities must make reasonable efforts to provide this information to these interested parties, but it is not necessary that individual phone calls are made to each family to inform them if a resident in the facility has laboratory-confirmed COVID-19.

**COVID-19 FOCUSED SURVEY (F885)**

**OFFSITE PREPARATION** (Survey teams will be limited to one or two surveyors)

INFORMATION	REVIEWED	COMMENTS
Facility reported information		
CDC, state/local public health information if available		
Available hospital information regarding resident transfers to the hospital		
Complaint allegations		
Surveillance Policies		
Infection Prevention and Control Policies and Procedures		
Emergency Preparedness Plan to include Emergency Staffing Strategies		

**ENTRANCE CONFERENCE**

INFORMATION	REVIEWED	COMMENTS
Review the COVID-19 Entrance Conference worksheet information that will be requested. (attached)		

**ONSITE**

INFORMATION	REVIEWED	COMMENTS
<b>ADHERENCE TO STANDARD AND TRANSMISSION-BASED PRECAUTIONS</b>		
<b>RESIDENT CARE OBSERVATIONS</b>		
Hand Hygiene Practices		
Proper use/discarding of PPE		
Cleansing of medical equipment		
Appropriate/Effective Transmission-Based Precautions		
<b>ENVIRONMENTAL OBSERVATIONS</b>		
Signage at entrances and resident rooms		
Screening (staff at shift change, entrances, limiting nonessential staff.		
Hand hygiene stations		
<b>INTERVIEWS WITH RELEVANT STAFF</b>		
Policy and Procedure Knowledge		
Surveillance for sign/symptoms		
Notifying local health officials		
Information provided to residents, their representatives and families regarding COVID-19 activity in the facility.		

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INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE*	
<input type="checkbox"/>	1. Census number
<input type="checkbox"/>	2. An alphabetical list of all residents and room numbers (note any resident out of the facility).
<input type="checkbox"/>	3. A list of residents who are confirmed or suspected cases of COVID-19.
<input type="checkbox"/>	4. Name of facility staff responsible for Infection Prevention and Control Program.
<input type="checkbox"/>	5. Conduct a brief Entrance Conference with the Administrator.
<input type="checkbox"/>	6. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/>	7. A copy of an updated facility floor plan, if changes have been made.
<input type="checkbox"/>	8. The actual working schedules for licensed and registered nursing staff for the survey time period.
<input type="checkbox"/>	9. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services). <b>Also include the staff responsible for notifying all residents, representatives, and families of confirmed or suspected COVID-19 cases in the facility.</b>
<input type="checkbox"/>	10. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident’s medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 2 which is titled “Electronic Health Record Information.”
<input type="checkbox"/>	11. Explain that the goal is to conduct as much record review offsite as possible to limit potential exposure or transmission. Determine what information can be reviewed offsite, such as electronic medical records (EMRs), or other records and policies/procedures. If offsite review of EMRs is not possible, surveyors will request photocopies (that can be made by surveyors instead of facility staff). If the facility has an electronic health record (EHR) system that may be accessed remotely, request remote access to the EHR to review needed records for a limited period of time. If this is not an option, discuss with the facility the best options to get needed medical record information, such as fax, secure website, encrypted email, etc.
<input type="checkbox"/>	12. Facility Policies and Procedures: <ul style="list-style-type: none"> <li>• Infection Prevention and Control Program Policies and Procedures, to include the Surveillance Plan.</li> <li>• Emergency Preparedness Policy and Procedure to include Emergency Staffing Strategies</li> </ul> <b>NOTE</b> – A comprehensive review of policies should be completed offsite.
<input type="checkbox"/>	13. <b>The facility’s mechanism(s) used to inform residents, their representatives, and families of confirmed or suspected COVID-19 activity in the facility and mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., supply the newsletter, email, website, etc.). If the system is dependent on the resident or representative to obtain the information themselves (e.g., website), provide the notification/information given to residents, their representatives, and families informing them of how to obtain updates.</b>

**\*NOTE:** The timelines for requested information in the table are based on normal circumstances. Surveyors should be flexible on the time to receive information based on the conditions in the facility. For example, do not require paperwork within an hour if it interrupts critical activities that are occurring to prevent the transmission of COVID-19.

## ENTRANCE CONFERENCE WORKSHEET ELECTRONIC HEALTH RECORD (EHR) INFORMATION

Please provide the following information to the survey team within one hour of Entrance.

Provide specific instructions on where and how surveyors can access the following information in the EHR (or in the hard copy if using split EHR and hard copy system). Surveyors require the same access staff members have to residents' EHRs in a read-only format.	
1. Infections	
2. Hospitalization	
3. Change of condition	
4. Medications	
5. Diagnoses	

Please provide name and contact information for IT and back-up IT for questions:

IT Name and Contact Info: \_\_\_\_\_

Back-up IT Name and Contact Info: \_\_\_\_\_

## COVID-19 CMS REPORTING

### POLICY

**Long Term Care:** The facility will ensure that COVID-19 positive, probable, and suspected cases are reported to the appropriate facility staff, health department, CDC via the NSHN site, residents and representatives/families per CMS requirements.

**Assisted Living:** Assisted Living facilities are not required to adhere to the same federal requirements of reporting to the NSHN however participation is encouraged to assist with tracking infections and prevention process measures in a systematic way.

### DEFINITIONS

**Symptomatic:** Resident has exhibited some or all the following COVID 19 symptoms:

- New/worsening cough
- Shortness of breath
- Sore throat
- Fever (temperature over 100° F)
- Chills
- Muscle pain
- New loss of taste or smell
- Headache
- New GI symptoms (nausea, vomiting, diarrhea, or GI bleeding)

**Respiratory Symptoms (as defined by CMS):**

- Shortness of breath
- Difficulty breathing
- New or change in cough
- Sore throat
- New loss of taste or smell

**Confirmed COVID-19:** Confirmed laboratory evidence for COVID-19.

**Suspected COVID-19:** Residents and Staff who are Symptomatic, but do not have a laboratory positive COVID-19 test result. This may include residents and Staff who have not been tested for COVID-19 or those with pending test results.

**Probable COVID-19:** A probable case or death is defined by meeting:

- Clinical criteria and epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19; or
- Presumptive laboratory evidence and either clinical criteria or epidemiologic evidence; or
- Vital records criteria with no confirmatory laboratory testing performed for COVID19.

The determination as to whether a resident or staff member has a Probable COVID-19 diagnosis should be made by the CDC, or state or local health departments.

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**COVID-19 Death:** For purposes of this Policy, a COVID-19 Death is the death of a resident or staff member who has known to have tested positive for COVID-19 or to have been determined to have Suspected COVID-19. It does not mean that COVID-19 is the cause of death. Only the coroner or the resident's/staff member's treating physician is authorized to determine cause of death.

**Staff:** For purposes of this Policy, staff is defined as anyone working or volunteering in the Facility. This may include, but is not limited to, full-time, part-time and as needed staff (PRN), contractors, temporary staff, shared staff, personal resident caregivers (including nurse aides who may still be in nurse aide training programs) and nurse aides with temporary certification.

**Staffing Shortage:** A shortage of staff that is occurring on the day responses are being reported to the National Healthcare Safety Network (NHSN) in accordance with this Policy. Facility will determine staffing shortages based on their own assessed staffing levels.

**Personal Protective Equipment (PPE):** Gloves, gowns, face masks (surgical), N95 respirators, eye protection (goggles or face shields).

## PROCEDURE

### A. Residents

- 1) **Symptomatic.** When a resident is symptomatic, the following should be notified:
  - a) Resident's physician
  - b) Local public health department, if required by the jurisdiction, if Respiratory Symptoms are present, or if needed to obtain testing approval
  - c) Resident's family/responsible party
  - d) Infection Preventionist or designee
- 2) **Confirmed or Probable COVID-19.** When a resident is Confirmed COVID-19 positive or probable COVID-19, the following should be notified:
  - a) Resident's physician
  - b) Local public health department, if the department was not the entity who notified the facility of the positive result
  - c) Resident's family/responsible party
  - d) Infection Preventionist or designee

### B. Staff

- 1) **Symptomatic.** When a staff member is symptomatic, the following should be notified:
  - a) Supervisor
  - b) Local public health department, if required by the jurisdiction, if Respiratory Symptoms are present, or if needed to obtain testing approval
  - c) Infection Preventionist or designee

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- 2) **Confirmed or Probable COVID-19.** When a staff member is Confirmed COVID-19 positive or probable COVID-19, the following should be notified:
- a) Supervisor
  - b) Local public health department, if the department was not the entity who notified the Facility of the positive result
  - c) Infection Preventionist or designee

**C. Resident/Representative/Family Required Notifications**

The notification process must be done in a way that protects the privacy of staff and residents (HIPAA). The facility will notify residents and representatives/families of any new confirmed positive or probable cases of COVID-19 for residents and/or staff and any new onset of respiratory symptoms experienced by 3 or more residents/staff according to the following:

1) **Confirmed/ COVID-19 Infection.**

- a) **Initial Notification.** All residents and the residents' representatives/family will be notified by 5 p.m. the next calendar day or within 24 hours of identification, whichever is earlier, of the ***first Confirmed*** infection of COVID-19 in the Facility by a resident or Staff member.
  - The information must not include any personal identifying information of the resident/Staff member.
  - The information does not need to specify whether it is a resident or staff member.
  - Information must include what mitigating actions are being implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered.
  - Notification may be made by any reasonable method, including email listservs, website postings, and/or recorded phone messages, etc. If the system is dependent on the resident or representative to obtain the information themselves (*e.g.*, via a website), residents and representatives/families must be notified how to obtain updates.
- b) **Ongoing Notification.** Residents and representatives/families must be notified at least weekly or by 5 p.m. the next calendar day anytime there is a new Confirmed COVID-19 case in the facility by a resident or staff member.
  - The ongoing reporting does *not* apply to Suspected COVID-19 cases, unless there are three or more individuals identified with Respiratory Symptoms within 72 hours as described in Section C.2 below.
  - Ongoing reporting *does* apply to any residents admitted to the facility from the hospital, another nursing home, assisted living facility, home in the community, etc., with a confirmed diagnosis of COVID-19.

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- The ongoing reporting requirement is cumulative (total Confirmed COVID-19 cases only – new cases versus total do not need to be distinguished).
- Notification may be made by any reasonable method, including email listservs, website postings, and/or recorded phone messages, etc.

## 2) **New Onset of Respiratory Symptoms**

- a) Initial Notification. All residents and the residents' representatives/family must be notified by 5 p.m. the next calendar day any time 3 or more residents or staff (separately or in combination) have a new onset of Respiratory Symptoms occurring within 72 hours of each other.
  - The information must not include any personal identifying information of the resident or Staff member.
  - The information does not need to specify whether it is a resident or staff member.
  - Information must include what mitigating actions are being implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered.
  - Notification may be made by any reasonable method, including email listservs, website postings, and/or recorded phone messages. If the system is dependent on the resident or representative to obtain the information themselves (*e.g.*, website), notify residents and representatives/families how to obtain updates.
- b) Ongoing notification. Residents and representatives/families must be notified at least weekly or by 5 p.m. the next calendar day any time there are new occurrences of 3 or more residents or staff developing new onset of Respiratory Symptoms within 72 hours of each other.
  - The information must not include any personal identifying information of the resident or Staff member.
  - The information does not need to specify whether it is a resident or Staff member.
  - Information must include what mitigating actions are being implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered.
  - Notification may be made by any reasonable method, including email listservs, website postings, and/or recorded phone messages.

## D. **CMS REQUIRED REPORTING – LONG TERM CARE**

The following information must be reported **weekly** to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN):

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- 1) Suspected COVID-19 and Confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19;
- 2) Total facility deaths both on site and post discharge;
- 3) COVID-19 Deaths among residents and staff (only include new deaths since the last time counts were entered);
- 4) Personal protective equipment and hygiene supplies (e.g., hand sanitizer) in the facility;
- 5) Ventilator capacity and supplies in the facility;
- 6) Resident beds and census;
- 7) Access to COVID-19 testing while the resident is in the facility;
- 8) Staffing shortages; and
- 9) Any other information required by CMS.

**E. CDC RECOMMENDED REPORTING – ASSISTED LIVING:**

ALF's may report into the 4 pathways of the COVID-19 module including:

- 1) Resident impact and facility capacity;
- 2) Staff and personnel impact;
- 3) Supplies and personal protective equipment;
- 4) Ventilator capacity and supplies.

_____ Administrator Signature	_____ Date
_____ Medical Director Signature	_____ Date
_____ Participating Health Care Provider Signature	_____ Date

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**Resources:**

Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes; May 6, 2020. <https://www.cms.gov/files/document/qso-20-29-nh.pdf>

FAQ: COVID-19 Data and Surveillance; April 17, 2020; <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html>

COVID Resident & Staff Reporting Requirements; May 14, 2020; <https://evolve-legal.webflow.io/documents/covid-resident-and-staff-case-reporting-requirements>

Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities; May 29, 2020; <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>

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## FACILITY SUPPLY TRACKING LOG

*When the facility is having problems with obtaining supplies such as PPE, test kits, cleaning supplies, all attempts to obtain these supplies will be **documented** on this log by the designated person, this facility designates \_\_\_\_\_*

Date	Supply	Name of Person Ordering	Name of Company Contacted and Contact Person	Results of Conversation

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## **RESIDENT RESTRICTIONS – PREVENT THE SPREAD OF COVID-19**

Communal dining is a common group activity that places residents in close proximity to each other which can spread respiratory viruses. Discontinuing the practice of communal dining is keeping with the concept of social distancing (e.g., limiting people in close proximity to each other for periods of time; ideally people should keep a six [6] foot distance from each other). Social distancing is recommended broadly in public areas and is recommended by CMS for senior living communities.

### **Protocols:**

1. Provide residents with information about COVID-19, actions the facility is taking to protect them and/or their loved ones, visitor restrictions that are in place, and actions residents should take to protect themselves in the facility, emphasizing the importance of hand hygiene and source control.
2. Cancel all group activities. Scheduled and structured activities may not be possible but provide individual activities that promote a sense of purpose for residents that are fun and stimulating. Activities may need to occur in resident rooms or scheduled at staggered times throughout the day to maintain social distancing.
3. Cancel communal dining. Provide in-room meal service for those assessed as capable of independent dining without supervision or assistance. Identify high-risk choking residents and those at-risk for aspiration who may cough, creating droplets. Meals for these residents should ideally be provided in their rooms with direct supervision.
4. Enforce social distancing among residents.
5. Visitation from family, friends, etc. are only allowed for end-of life situations.
6. Ensure all residents wear a face mask for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments.

**Considerations for allowing methods of connecting residents while following Infection Prevention and Control Measures and following state specific “reopening plans” that incorporates CMS and CDC Guidance. *All activities should practice social distancing and ask participants to wear face covering to reduce the risk of spread of infection.***

- Utilize outdoor spaces: Allow residents and family members to visit outdoors while maintaining social distancing and use of source control masks. This may require a limit to the number of people in the outdoor area and/or configuring the outdoor space to support social distancing, i.e., lines on the ground, chairs and tables spaced 6 feet apart, posted signage reminding visitors and residents about social distancing, etc.
- Use of indoor space: A number of areas throughout the center could be configured to allow for visitation while ensuring social distancing.

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*This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.*

- Develop plans to invite residents out of their rooms more often: Allow a limited number of people in common spaces while supporting social distancing during the activity and when entering and exiting. A schedule for reserving the area will assist in maintaining small groups of residents who want to meet in common spaces while maintaining social distancing.
- Resume activities: There are a number of activities such as book clubs, exercise groups, happy hour, gardening, doorway bingo, overhead current events, etc. that can be continued while maintaining social distancing.
- Staying Connected/Staying Engaged: Efforts should be made to assist residents in “connecting” with loved ones via social media, facetime, skype, etc. These platforms are easy to operate, cost effective and allow residents and loved ones to “see and hear each other”. Social distancing does not allow physical contact, so visual and audio senses are the only means for residents to connect and are that much more important.

## IF YOU DEVELOP SYMPTOMS OF COVID-19 AT WORK

You are screened for symptoms of COVID-19 each day that you report to work. It is possible after you are screened that you could develop symptoms of COVID-19.

Symptoms of COVID-19 may appear **2-14 days after exposure to the virus**. If you develop any of these symptoms while at work you may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

You should notify your supervisor **immediately** if you develop any of these symptoms while you are at work!