



HAWAII STATE
DEPARTMENT
OF HEALTH

Long Term Care and COVID-19 Infection Prevention & Control checklist:

***Purpose:**

This is a checklist of recommended best practices that facilities should implement before and during a COVID case. Refer to the “**What to Expect If There is a Case in Your Facility**” document or CDC’s website for detailed information.

BEFORE A CASE OCCURS:	
<input type="checkbox"/>	Provide HDOH (DOH.DOCD.HAI@doh.hawaii.gov) with an emergency point of contact for urgent case notification
<input type="checkbox"/>	Know HDOH’s disease reporting line number for your county: <ul style="list-style-type: none"> • Oahu (Disease Reporting Line): (808) 586-4586 • Maui District Health Office: (808) 984-8213 • Kauai District Health Office: (808) 241-3563 • Hawaii District Health Office: (808) 933-0912 • After Hours (Physician’s Exchange): (808) 600-3625 or call Toll Free 1-800-360-2575
<input type="checkbox"/>	Have a COVID-19 Response Plan in place (CDC guidance can be found here). Response plans should address: <ul style="list-style-type: none"> <input type="checkbox"/> Infection prevention and control (IPC) measures <input type="checkbox"/> Active symptom-based surveillance of both residents and staff <input type="checkbox"/> Exclusion policies for symptomatic staff <input type="checkbox"/> Isolation and cohorting strategies (cohorting should address both residents and staff) <input type="checkbox"/> Personal protective equipment supply and usage <input type="checkbox"/> Testing plan
<input type="checkbox"/>	Assign at least one individual to provide on-site management of the IPC program
<input type="checkbox"/>	Ensure that all staff always wear a facemask and consider eye protection for patient care activities
<input type="checkbox"/>	If residents leave their room, they should also wear a facemask or cloth face covering if tolerated
<input type="checkbox"/>	Remind staff to stay home when ill

WHEN A CASE OCCURS (INITIAL STEPS):	
<input type="checkbox"/>	1. Report provisional or confirmed diagnosis to a live person at HDOH
<input type="checkbox"/>	2. Gather relevant information:
<input type="checkbox"/>	<p>*For staff:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Employee information (e.g. location, role, PPE use, employment at other facilities, etc.) <input type="checkbox"/> Staffing schedules <input type="checkbox"/> Close contacts with residents? Or any household contacts with symptoms of confirmed COVID-19
<input type="checkbox"/>	<p>*For residents:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Resident information (e.g. roommates, room number, transfers, dialysis patient, etc.) <input type="checkbox"/> Staffing schedules; list of all staff who provided direct care within the past 14 days
<input type="checkbox"/>	<p>*General information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Onset date <input type="checkbox"/> Employee absentee logs <input type="checkbox"/> Hospital transfers
<input type="checkbox"/>	3. Implement infection control mitigation measures:
<input type="checkbox"/>	<p>Staff who worked with symptoms or worked in the prior 48 hours prior to symptom onset</p> <ul style="list-style-type: none"> <input type="checkbox"/> Determine residents that received card during this time: <ul style="list-style-type: none"> • Restrict these residents to their rooms • Use all recommended PPE • Prioritize for testing <input type="checkbox"/> Exposed staff should be assessed for risk and need for work exclusion
<input type="checkbox"/>	<p>Resident with new-onset suspected/confirmed COVID-19</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure resident is isolated and cared for using all recommended PPE. <ul style="list-style-type: none"> • Positive residents should not be cohorted with symptomatic or exposed <input type="checkbox"/> If confirmed to have COVID-19, transfer to designated COVID-19 unit <input type="checkbox"/> Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if possible, should not share rooms with others <input type="checkbox"/> Consider halting admissions to the facility <input type="checkbox"/> Increase monitoring of ALL residents to at least 3 times a day

	<ul style="list-style-type: none"> <input type="checkbox"/> Counsel all residents to restrict themselves to their rooms as much as possible and if they need to leave to wear a cloth face covering or facemask <input type="checkbox"/> Staff should use all recommended PPE for the care of all residents on affected units. If staff PPE supply is limited, implement strategies to optimize PPE supply. <input type="checkbox"/> Reinforce basic infection control practices, ensure auditing of hand hygiene, PPE use and cleaning and disinfection occur <input type="checkbox"/> Maintain all interventions while assessing for new clinical cases
<input type="checkbox"/>	<p>4. Communication:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Facility must notify residents, families and staff of any identified case(s) among residents or staff at the facility within 24 hours of becoming aware of the case, per CMS guidelines <input type="checkbox"/> Share copy of letter with DOCD <input type="checkbox"/> Consider notification to medical directors, providers and other stakeholders <input type="checkbox"/> Ensure weekly reporting into National Healthcare Safety Network (NHSN) <input type="checkbox"/> Ensure that if patient is being transferred that receiving facility is aware of suspected or confirmed COVID-19 case <input type="checkbox"/> Consider proactive media statements. Coordinate with DOCD.
<input type="checkbox"/>	<p>5. Testing Plan:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Triggers for testing: <ul style="list-style-type: none"> <input type="checkbox"/> Active Surveillance should include testing of staff, residents or visitors who report symptoms <input type="checkbox"/> If case identified within facility, testing all residents and staff who had direct contact <input type="checkbox"/> Per CMS requirements Facilities should implement periodic point prevalence surveys based on community infectivity rates. Refer to this guidance from CDC. <input type="checkbox"/> <u>Specimen collection logistics:</u> <ul style="list-style-type: none"> Staff trained on specimen collection, handling and labeling <input type="checkbox"/> Refrigerator space for specimen storage if samples cannot be transported immediately <input type="checkbox"/> Designate ordering provider and how results will be communicated (with residents and DOCD) <input type="checkbox"/> Line list containing key information (e.g. unit/room, role, dates, symptoms, etc.) <input type="checkbox"/> If using antigen testing consider how results will be handled

	<p><input type="checkbox"/> Cohorting:</p> <ul style="list-style-type: none"><input type="checkbox"/> *Plans to designate a COVID-19 unit<input type="checkbox"/> Plans on how to house symptomatic residents<input type="checkbox"/> Plans are in place to cohort COVID exposed (e.g. close, contacts, readmissions/ new admission, dialysis residents)<input type="checkbox"/> Staff are restricted from floating and reminded not to carpool
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