



# COVID-19 Preparedness and Outbreak Control Checklist for Long Term Care Facilities

The following checklist is intended to help guide long term care facilities in COVID-19 preparedness and outbreak management. This document is intended to provide recommendations and is not regulatory in nature. Healthcare facilities should ensure they meet regulatory requirements when creating policies and procedures. Please refer to regulatory agencies for regulatory requirements. Regulatory agencies include Centers for Medicare and Medicaid Services, the Washington State Department of Social and Health Services, and the Washington State Department of Labor and Industries. Local Health Jurisdictions (LHJs) may have additional recommendations. The LHJ may modify this facility checklist, as needed.

COVID-19 Preparedness Strategies	Completed	Date Completed
<b>Vaccination</b>		
Promote resident vaccination by improving accessibility. <ul style="list-style-type: none"> <li>• Offer regular vaccination clinics within the facility and/or arrange healthcare provider or pharmacy vaccination visits.</li> <li>• Educate residents and their families about the COVID-19 vaccine through <a href="#">Vaccines for COVID-19   CDC</a></li> </ul>	<input type="checkbox"/>	__/__/__
Promote staff vaccination. <ul style="list-style-type: none"> <li>• Consider including staff vaccination requirements in facility policies.</li> <li>• Offer employee incentives for up-to-date COVID vaccinations.</li> </ul>	<input type="checkbox"/>	__/__/__
Coordinate for onsite vaccination clinics through vendors to increase vaccinations of both staff and residents. Resources available: <ul style="list-style-type: none"> <li>• Ask health coverage payor or primary provider if mobile teams are available.</li> <li>• Coordinate with your long-term care pharmacy.</li> <li>• Find your local health jurisdiction (LHJ) here: <a href="http://doh.wa.gov/localhealth">doh.wa.gov/localhealth</a></li> </ul>	<input type="checkbox"/>	__/__/__
Stay informed on COVID-19 vaccine recommendations and updates. <ul style="list-style-type: none"> <li>• <a href="#">CDC   Stay Up to Date with COVID-19 Vaccines</a></li> </ul>	<input type="checkbox"/>	__/__/__

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<b>Respiratory Hygiene and Cough Etiquette</b>		
<p>a. Provide accessible “sanitization stations” throughout facility. These stations should include surgical masks and alcohol-based hand sanitizer.</p> <p>b. Post signage at the entrance of the facility asking visitors with symptoms of respiratory infection to cover mouth and nose when coughing or sneezing, use tissues and throw them away, and wash hands or use a hand sanitizer after touching mouth or nose. Consider sharing this material with your staff so they can learn more: <a href="https://www.cdc.gov/cdc/cough-and-congestion-micro-learn">Cough and Congestion Micro-Learn (cdc.gov)</a></p> <p>c. Ensure all staff members that provide care to residents are fit tested and trained in appropriate N95 respirator use. Fit testing ensures that the respirator is securely sealed is required upon hire and is renewed annually.</p>	<input type="checkbox"/>	_ / _ / _
<b>Ventilation and Filtration</b>		
<p>a. Maintaining HVAC systems helps to promote air flow and filtration which helps prevent virus particles from accumulating in indoor air.</p> <ul style="list-style-type: none"> <li>• Create a schedule to make sure that filters are getting changed regularly according to manufacturer’s instructions.</li> <li>• Ensure filters are properly fitted.</li> </ul> <p>b. Use portable HEPA cleaners when airflow is not adequate in an area of the facility.</p> <p>c. Promote outdoor activities when appropriate.</p> <p>d. Ensure restroom and kitchen exhaust fans are functional and operate fully when the building is occupied.</p> <p>e. Use CDC recommendations for improving ventilation, found <a href="#">here</a>.</p> <p>f. Learn more about ventilation <a href="#">here</a>.</p> <p>g. Learn how to cool an indoor space without air conditioning <a href="#">here</a>.</p>	<input type="checkbox"/>	_ / _ / _
<b>Infection Control Additional Resources to Review</b>		
<p>a. <a href="#">CDC   Infection Control Actions for Respiratory Viruses</a></p> <p>b. <a href="#">DOH Respiratory Illness Data Dashboard</a></p> <p>c. <a href="#">EPA   Which Disinfectants Kill COVID-19?</a></p> <p>Additional resources for residential care settings:</p> <p>d. <a href="#">CDC   Respiratory Virus Guidance</a></p> <p>e. <a href="#">DOH What To Do When you are Sick with COVID-19 or Another Respiratory Virus</a></p> <p>f. <a href="#">CDC   COVID-19 How to Protect Yourself and Others</a></p>	<input type="checkbox"/>	_ / _ / _

COVID-19 Outbreak Interventions	Completed	Date Completed
<b>Determine if COVID-19 is the Cause for Respiratory Symptoms</b>		
<p>a. Identify residents showing <a href="#">COVID-19 symptoms</a></p> <p>b. Immediately isolate residents until testing can be performed and results obtained.</p> <ul style="list-style-type: none"> <li>• Residents with suspected or confirmed COVID-19 should be placed in a single-person room, if possible. The door should be kept closed if it is safe to do so.</li> <li>• Cohorting residents may be considered if no single-person room is available. Please note that only COVID-19 positive residents should be roomed together, and/or COVID-19 negative residents should be roomed together.</li> <li>• Resident should have a dedicated bathroom while on isolation.</li> </ul> <p>c. Test symptomatic individuals as soon as possible.</p> <ul style="list-style-type: none"> <li>• If standing orders are not available, request point-of-care testing orders from healthcare provider.</li> <li>• Make sure you have testing supplies in stock. Identify where you can get additional supplies.</li> <li>• Consult <a href="#">CDC   COVID-19 Testing: What You Need To Know</a></li> <li>• Consider visiting <a href="#">local COVID testing sites</a> if test supplies are low or if orders cannot be obtained quickly.</li> </ul>	<input type="checkbox"/>	_ / _ / _
<p>Identify staff members exhibiting COVID-19 symptoms.</p> <ul style="list-style-type: none"> <li>• Inform staff members to report any COVID-19 symptoms to their supervisors and refrain from working until testing can be performed and results obtained.</li> </ul>	<input type="checkbox"/>	_ / _ / _
<p>Asymptomatic residents and/or staff members who have been exposed to COVID-19 should take precautions to prevent potential spread:</p> <ol style="list-style-type: none"> <li>1. <b>Skilled Nursing Facilities:</b> Follow CDC <a href="#">SARS CoV-2 Infection Prevention and Control in Healthcare Settings recommendations</a>. Exposed residents and/or staff members should wear source control (surgical mask or N95 respirator) for 10 days post-exposure. Exposed individual should follow <a href="#">CDC testing guidance</a> and be tested immediately on post exposure day 1 (but not before 24 hours from exposure), day 3, and day 5 if they have not recovered from COVID-19 infection in the last 30 days.</li> <li>2. <b>All other long term care facilities:</b> Follow DOH Preventing Spread of Respiratory Virus community</li> </ol>	<input type="checkbox"/>	_ / _ / _

<p>guidance. Exposed individuals should consider wearing a mask for 5 days after exposure and testing for COVID-19 before being around people who are at high risk for becoming severely ill.</p>		
<b>Contain</b>		
<p>Place residents who have tested positive for COVID-19 in aerosol contact precautions and post an <a href="#">Aerosol Contact Precaution sign</a> on door.</p> <p><b>Skilled Nursing Facilities:</b> Positive residents should remain in isolation until all the following criteria have been met:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> At least 10 days have passed since symptoms first appeared.</li> <li><input type="checkbox"/> At least 24 hours have passed since last fever without the use of fever-reducing medications.</li> <li><input type="checkbox"/> Symptoms of respiratory infection have improved.</li> </ul> <p><b>All other long term care facilities:</b> Follow <a href="#">DOH Preventing Spread of Respiratory Virus</a> guidance. Positive residents should stay in isolation until the following has been true for 24 hours:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Symptoms of respiratory infection are improving AND</li> <li><input type="checkbox"/> They have not had a fever (without using fever-reducing medication).</li> <li>• When they are returning to normal activities, <a href="#">wear a mask</a> and take added precautions over the next 5 days, such as improving ventilation and air flow, practicing good <a href="#">hand hygiene</a>, <a href="#">cleaning regularly</a>, <a href="#">physical distancing</a>, and <a href="#">testing</a> when around others at high risk for severe illness. Residents may still be contagious with a respiratory virus after returning to normal activities</li> <li>• Consider keeping resident away from people at high risk of getting very sick until: <ul style="list-style-type: none"> <li>• 10 days have passed since symptoms started,</li> <li>• 10 days have passed since tested positive (if never developed symptoms), or</li> <li>• they test negative for COVID-19 with an antigen test</li> </ul> </li> <li>• Staff entering the positive resident’s room should <a href="#">follow CDC guidance for healthcare personnel</a>, including continuing to wear an N95 respirator, a gown, gloves, and eye protection for at least 10 days after onset of illness.</li> </ul>	<input type="checkbox"/>	_/_/_

<p>Staff who tested positive for COVID-19 should follow the recommendations for their setting:</p> <ol style="list-style-type: none"> <li>1. <b>Skilled Nursing Facilities:</b> Positive staff be excluded from work until they meet <a href="#">CDC   Return to Work Criteria</a>. Staff with mild to moderate illness who are not moderately to severely immunocompromised could return to work after all the following criteria have been met: <ul style="list-style-type: none"> <li>• At least 7 days have passed since symptoms first appeared and their viral test is negative in the 48 hours prior to returning to work. Or wait 10 days if testing is not performed or if their viral test is positive at day 5-7.</li> <li>• At least 24 hours have passed since last fever without the use of fever-reducing medications.</li> <li>• Symptoms of respiratory infection have improved.</li> </ul> </li> <li>2. <b>All other long term care facilities:</b> Positive staff should follow <a href="#">DOH Preventing Spread of Respiratory Virus</a> guidance. Positive staff should remain off work until the following have been true for 24 hours: <ul style="list-style-type: none"> <li><input type="checkbox"/> Respiratory infection symptoms are improving AND</li> <li><input type="checkbox"/> They have not had a fever (without using fever-reducing medication).</li> <li>• When they are returning to work, <a href="#">wear a mask</a> and take added precautions over the next 5 days, such as improving ventilation and air flow, practicing good <a href="#">hand hygiene</a>, <a href="#">cleaning regularly</a>, <a href="#">physical distancing</a>, and <a href="#">testing</a> when around others at high risk for severe illness. Staff may still be contagious with a respiratory virus after returning to normal activities.</li> <li>• Consider keeping them away from people at high risk of getting very sick until: <ul style="list-style-type: none"> <li>• 10 days have passed since symptoms started,</li> <li>• 10 days have passed since tested positive (if never developed symptoms), or they test negative for COVID-19 with an antigen test</li> </ul> </li> <li>• Positive health care personnel (HCP) visiting or shared with LTC should be excluded from work until they meet <a href="#">CDC   Return to Work Criteria</a>.</li> </ul> </li> </ol>	<input type="checkbox"/>	_/_/_
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<b>Communicate</b>		
<p>a. Refer to the <a href="#">Investigations/Reporting Thresholds and Outbreak Definitions for COVID-19 for Healthcare Settings</a>.</p> <p>b. When to report:</p> <ul style="list-style-type: none"> <li>• 2 or more residents tested positive or probable for COVID-19 identified within 7 days</li> <li>• 2 or more cases of suspected, probable, or confirmed COVID-19 among HCP AND 1 or more case of probable or confirmed COVID-19 among residents, with epi-linkage.</li> <li>• ≥3 cases of acute illness compatible with COVID-19 in residents with onset within a 72-hour period.</li> <li>• Continue reporting all new cases throughout the investigation/outbreak.</li> </ul> <p>c. Who to report to:</p> <ul style="list-style-type: none"> <li>• Report to your <a href="#">LHI</a> through established reporting processes.</li> <li>• Report to Residential Care Services (RCS): <b>Adult Family Homes, Assisted Living Facilities, Extended Stay Facilities, Nursing Homes</b> are considered healthcare facilities by definition under <a href="#">WAC 246-101-010</a>. <ul style="list-style-type: none"> <li>i. Each of these programs has specific regulations related to <b><i>Outbreak reporting to CRU</i></b> <a href="#">CRU reporting</a></li> </ul> </li> </ul>	<input type="checkbox"/>	_/_/_/
<p>Consider opening a COVID-19 unit or designated area.</p> <ul style="list-style-type: none"> <li>• If possible, dedicate separate staff to the care of residents with COVID-19. Staff members who have recently recovered from COVID-19 acute illness may be best suited for this role.</li> <li>• If private rooms are not available for COVID-19 positive residents, cohorting positive residents is recommended.</li> </ul>	<input type="checkbox"/>	_/_/_/
<p>Implement universal source control on the unit or area for both staff and residents. Source control for healthcare providers can be a NIOSH-approved N95 respirator or a well-fitting face mask. For N95s to be effective, fit testing and training are needed. Surgical masks may be a more appropriate source control for residents.</p> <ul style="list-style-type: none"> <li>• Ensure staff knows how to perform an <a href="#">N95 seal check</a></li> </ul>	<input type="checkbox"/>	_/_/_/
<p>Educate staff, visitors, and residents about the importance of following outbreak control activities:</p> <ul style="list-style-type: none"> <li>• Provide regular briefings to staff residents outlining the status of the outbreak and outbreak control activities being implemented.</li> </ul>	<input type="checkbox"/>	_/_/_/

<ul style="list-style-type: none"> <li>• Provide information about the transmission of COVID-19 and infection control procedures.</li> <li>• Provide clear guidelines on how to report new ill patients, new ill staff, isolation/PPE bins that need to be stocked, etc.</li> </ul>		
<p>Ensure residents and visitors are aware of the outbreak by posting signs at entry/exit and sending email notifications.</p>	<input type="checkbox"/>	_/ _/ _
<p><b>Manage the Outbreak</b></p>		
<p>a. Identify new cases by testing all residents and staff who have been in close contact with a COVID-19 positive individual.</p> <ul style="list-style-type: none"> <li>• Identify staff who can assist with specimen collection.</li> <li>• Designate a point person to receive and track results.</li> <li>• Obtain order for testing from a licensed provider (DOH, LHJ, or Other).</li> </ul> <p>b. If all potential contacts cannot be identified, then broad-based testing is recommended. Broad-based testing includes unit-wide or facility-wide testing. Broad-based testing includes all residents and staff present in the unit or facility two days prior to onset of identified case.</p> <p>c. Follow LHJ guidance regarding testing recommendations.</p> <p>d. Maintain a line list of residents and staff using <a href="#">this template</a>.</p> <p>e. Cleaning and disinfecting surfaces and shared equipment with <a href="#">COVID-19 disinfectants</a>.</p>	<input type="checkbox"/>	_/ _/ _
<p>a. Continue re-testing all appropriate residents and staff on who previously tested <i>negative</i> every 3-7 days for a minimum of 14 days from most recent positive result, or until your LHJ recommends ending outbreak.</p>	<input type="checkbox"/>	_/ _/ _
<p>a. Consult with your LHJ regarding any restrictions or limitations on communal dining or activities.</p> <p>b. Follow guidance from your LHJ regarding placing a hold on admissions to the facility until you can clarify the extent of transmission and implement appropriate interventions.</p>	<input type="checkbox"/>	_/ _/ _
<p>Provide appropriate <a href="#">PPE resources</a> for staff members, residents, and visitors:</p> <ul style="list-style-type: none"> <li>• PPE should be in an accessible, organized container outside of the resident room.</li> <li>• N95 respirators, gowns, gloves, and eye protection is required to be donned prior to entering a COVID-19 room</li> </ul>	<input type="checkbox"/>	_/ _/ _

<ul style="list-style-type: none"> <li>• Place a trash can inside the resident’s room, near the door. Remove and immediately dispose of gloves and gown, before exiting a resident room.</li> <li>• After leaving the resident’s room, remove and dispose of the N95 respirator. Replace it with an unused N95 respirator. Remove eye protection. Either dispose of or clean the eyewear appropriately depending on if it is reusable. Perform hand hygiene after removing/replacing N95 and eye protection.</li> <li>• Continue to reassess PPE supply and replenish isolation carts regularly. Consider using the CDC PPE Burn Rate Calculator.</li> <li>• Ask visitors to use PPE according to <a href="#">this document</a>.</li> </ul>		
<p>a. Consult healthcare provider regarding use of therapeutics for COVID-19 positive cases. Consider any contraindications for residents.</p> <p>b. If an appointment with a healthcare provider is necessary and the resident is unable to see their primary care provider or visit a local urgent care, you can schedule at <a href="#">Free Telehealth Appointments for COVID-19 Treatment   Washington State Department of Health</a></p> <p>c. For more information on therapeutics for COVID-19, please visit <a href="#">Therapeutics Information for Health Care Providers   Washington State Department of Health</a></p>	<input type="checkbox"/>	_/ _/ _
<b>Returning to Normal Operations</b>		
<p>a. Follow LHJ recommendations regarding ending outbreak status. Resume normal operations in line with state and national guidance.</p> <p>b. As appropriate, remove isolation signs <i>after</i> environmental services staff clean and disinfect the area.</p> <p>c. Educate/inform residents when isolation has been completed. Also update care team when the resident no longer requires isolation.</p>	<input type="checkbox"/>	_/ _/ _