

Long-Term Care - Social Distancing Checklist for COVID-19

The goal of this planning checklist is to reduce illness (morbidity), death (mortality), and social disruption resulting from a COVID-19 pandemic.

Planning Assumptions

- There will likely be COVID-19 testing shortages for individual patients at different points in the pandemic. With shortages, testing will likely be prioritized for hospitalized patients or the first patients to be evaluated with a facility-based outbreak.
- While the mortality rate is believed to be close to 2%, it is likely lower because it is difficult to fully assess how many people have mild or no symptoms. Large numbers of mildly ill people would lower the mortality rate.
- People in long term care settings are likely be more susceptible to complications from COVID-19 as many are older in age or have chronic medical conditions.
- There is no vaccine for COVID-19, and one will not likely be available during the first 6 months of the outbreak or longer.
- COVID-19 is spread primarily through respiratory droplets which maybe broadcast through coughing/sneezing. The risk for this is highest in the 3-6 feet area around a person. There may be some risk of transmission through contact with feces from an infected person, but this is not well understood at this time.

Pre-Local Transmission (locally acquired cases in state or nation, but not in our town)

- Review your infection control and outbreak response plans.
- Increase ventilation in the facility to the extent possible.
- Consult with public health on best point of contact for COVID-19 questions around planning, reporting or requests for COVID-19 testing.
 - [REDi Healthcare Coalition website](#)
 - [SRHD Healthcare Provider website](#)
 - [WA Department of Health Long Term Care COVID website](#)
- Meet with staff to address their concerns about personal safety and the measures that management have put in place to protect staff and residents.
- Normalize handwashing with soap and warm water and the use of hand sanitizer by ensuring placement in all rooms where activities occur. Have staff routinely call out reminders to residents and visitors to wash/sanitize hands prior to and at the conclusion of activities.
- Reinforce respiratory etiquette principles to staff, residents, and visitors.
- Normal operations involve just-in-time ordering of supplies. In anticipation of shortages of supplies associated with outbreak response, start building a bulge in your just-in-time processes

that will allow your facility to adjust to increased utilization of supplies or delays in order fulfillment from your usual vendors. Supplies to consider stockpiling would include:

- Soap, paper towels, hand sanitizer, hand wipes, and tissues.
- Cleaning supplies, disinfectant, large and small garbage bags, and other waste disposal supplies.
- Personal protective equipment, including gloves, N-95 masks, surgical masks, and goggles.
- Extra fluids & foods: juices, Gatorade® or Gatorade® instant mix (powder), Pedialyte®
- Consider researching or adding additional vendors for critical infection prevention supplies in anticipation of possible shortages.
- Conduct fit testing of appropriate staff and train on the use of N-95 masks.
 - The supply of N-95 masks should be preserved by reducing the number of masked staff who are with sick residents at any one point in time to the minimum number required to do the task or function.

Tier 1 (disease has entered our community with a few locally acquired cases)

- Add signage/communication asking visitors to not come in if they or household members have experienced a respiratory illness in the last seven days.
 - [SRHD Office Signage & Educational Materials](#) (see Infection Control section for examples)
- Conduct passive surveillance of staff and residents for subjective fever, cough or shortness of breath.
 - Passive surveillance for staff means ensuring your staff know what kinds of signs/symptoms (such as fever/cough) to watch for, asking them to monitor themselves for those signs/symptoms, and to stay home, not go to work, and report their illness to their supervisor.
 - Active monitoring for residents means to ask residents daily about cough and fever so illness can be rapidly identified, and ill residents can be isolated away from others. Consider the purchase of a thermal scanner.
- Consider beginning enhanced cleaning of community areas and high touch surfaces.
- Consider staggered mealtimes in cafeteria in order to create less dense congregating and distance between residents.
- Reduce seating at tables by half or utilize smaller tables that allow half as much seating.

Tier 2 (first outbreaks reported in other facilities or institutions in our community)

- Add signage/communication asking visitors to not come in if they or household members have experienced a respiratory illness in the last 7 days. Require masking of all visitors.

- [SRHD Office Signage & Educational Materials](#) (see Infection Control section for examples)
- If supplies allow, provide masks to residents with the ability have a small number of masks available in their rooms.
- Conduct active surveillance of staff and residents for subjective fever, cough or shortness of breath.
 - Active monitoring for staff and residents means to ask staff and residents daily about cough and fever so illness can be rapidly identified, and ill residents can be isolated away from others. Consider the purchase of a thermal scanner.
- Begin enhanced cleaning of community areas and high touch surfaces if not started already.
- Consider staggered mealtimes in cafeteria or closure of the cafeteria.
 - If still open, reduce seating to allow only two people per table.
- Minimize large meetings where information can be communicated in other ways to staff or residents.
- Consider postponing or cancelling non-essential planned activities or gatherings.

Tier 3 (Possible COVID-19 outbreak in your facility)

- Contact your public health partners and report the outbreak.
 - Work with public health to identify 1-3 individuals in the facility with an onset of symptoms in the last 3-5 days that can be tested for routine respiratory infections as well as for COVID-19. COVID-19 testing may not be routinely available for all patients because of testing shortages.
- Visitors are not allowed unless their visit meets set criteria established by facility. Visitors will need to wear a mask while in the facility.
- Bring meals to each resident's rooms. Cafeteria is closed.
- Cancel nonessential appointments outside of the long-term care community.
- Postpone or cancel planned activities or gatherings.



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