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The New York State Department of Health (NYSDOH) has identified **long term care facilities (LTCFs) to be one of the most vulnerable places for spread of COVID-19**. Given the burden of COVID-19 cases in NY, we have noted many introductions of COVID-19 into LTCFs, widespread transmission within some facilities once introduced, and high mortality rates among residents. It is imperative that LTCFs take steps to prevent introduction, recognize staff and residents with possible COVID-19, and minimize transmission within the facility, while keeping staff safe from further illness.

Below is the **NYSDOH COVID-19 Infection Prevention and Control (IPC) preparedness checklist**. This tool is meant to be a **self-assessment and provides LTCFs with all the IPC elements** that need to be in place both before and after recognition of a confirmed, suspect, or possible COVID-19 case in the facility. The elements of the checklist are adapted from CDC guidance to LTCFs, CDC Infection Control Guidance and NYSDOH-issued Health Advisories. This checklist may need to be updated as the situation evolves.

The items on the checklist do not replace clinical judgement and are an adjunct to all available infection prevention and control guidance. Nursing Homes should call their NYSDOH regional epidemiologist or write to icp@health.ny.gov with questions and for additional guidance.

Nursing Home COVID-19 Preparedness Self-Assessment Checklist

Visitor and non-essential personnel restriction	
☐	Suspend all visitation, except when essential for resident's medical care or for end of life care.
☐	Screen essential visitors for fever and respiratory symptoms upon entry to the facility, provide them with mask, if available, remind them to perform hand hygiene, and restrict them to the room of their family member.
☐	Restrict non-essential personnel, including volunteers and non-essential consultants (e.g., barbers), from facility.
☐	Post signs at all entrances advising that no visitors may enter the facility.
☐	Inform family members about visitor restriction. (Example letter)
☐	Provide alternative methods for visitation (e.g., video conferencing).
☐	Cancel communal dining and any other activity that brings multiple residents together into the same room without adequate spacing (e.g., physical therapy).
☐	Keep residents and families informed about the COVID-19 situation in your facility.
Staff education, monitoring, and assignments	
☐	Provide ongoing staff education and training about: • COVID-19 (e.g., symptoms, how it is transmitted). Resources are available at https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html. • Sick leave policies and the importance of not reporting to work, or staying at work, when ill. • Importance of adherence to hand hygiene and proper use of personal protective equipment, including any updates to recommendations based on PPE availability. Resources are available at https://www.cdc.gov/handhygiene/campaign/promotional.html#anchor_1555101687 and https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf.
☐	Inform staff to self-monitor for signs and symptoms of COVID-19 and not report to work if they are feeling ill, have a fever, or are experiencing any respiratory symptoms.
☐	Screen all staff at the beginning of their shift for fever (greater than or equal to 100˚ F) and respiratory symptoms (actively take their temperature and document absence of shortness of breath, new or change in cough, muscle aches, fatigue, decreased appetite, and sore throat).
☐	If found to be ill, put a facemask on staff member and send them home or refer to appropriate medical care.
☐	Maintain a list of symptomatic staff, how long they are out of work
☐	To the extent possible, consistently assign staff to the same resident, to limit the number of staff interacting with each resident.
☐	To the extent possible, limit staff assignments across units.

Secure personal protective equipment (PPE) and other supplies and identify a location to place confirmed COVID-19 patients/residents	
☐	Inventory available hand hygiene and PPE supplies, and report daily on the HERDS survey.
☐	Know how to order more PPE before you need it; this could include ordering from your usual suppliers, requesting from professional organizations (if in NYC), or the local Office of Emergency Management.
☐	Review PPE conservation guidelines, available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html.
☐	Work with NYSDOH and your local health department to identify a place to house patients/residents with confirmed COVID-19.
Hand hygiene and environmental disinfection	
☐	Increase availability of alcohol-based hand sanitizer (containing at least 60% alcohol) in the facility, ideally: ☐ Inside patient's room ☐ Outside each patient's room ☐ Nursing stations ☐ With PPE carts ☐ Common areas Regularly refill all dispensers.
☐	Stock all sinks with soap and towels. Ensure a system is in place to restock on a regular basis.
☐	Ensure EPA-registered, hospital-grade disinfectant is available, and environmental services personnel perform a thorough daily cleaning and more frequent cleaning of high-touch surfaces in resident rooms and common areas. EPA List N includes products that meet EPA's criteria for use against COVID-19.
☐	Ensure shared equipment (e.g., pulse oximeter, rolling BP cuff) is disinfected after each use according to manufacturer's recommendations. (Consider using disinfecting wipes).
Mask use and source control	
☐	All long-term care facility personnel should wear a facemask while in the facility, if available.
☐	All residents who are able to comply, should cover their face noses and mouths with tissue or cloth when the staff are in their rooms to provide care.
☐	Residents who regularly leave the facility to receive dialysis or other services, wear a facemask when outside of their rooms, if available, unless a mask is not tolerated.
Resident education and monitoring	
☐	Facility has provided education to resident about COVID-19, how to keep themselves safe, and what the facility is doing to keep them safe. Resources are available at https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html and https://coronavirus.health.ny.gov/home.
☐	Assesses all residents daily for ☐ Fever ☐ Symptoms* of respiratory infection ☐ Oxygen Saturation (optional)
☐	In communities and nursing homes in NY with a high burden of COVID-19, treat any resident with any influenza-like illness (ILI), pneumonia diagnosis, or unexplained change in status as possible COVID-19, place them in appropriate transmission-based precautions, and follow additional guidance (see next section).
☐	To the extent possible, isolate and closely monitor all residents admitted or readmitted from the hospital, who are not known to have COVID-19, for signs and symptoms of COVID-19 for 14 days after admission.
☐	Have the Medical Director or resident's physician review the need for nebulizer treatments for residents and avoid any aerosol generating procedures. Consider use of inhaler with spacer to minimize risk.
Taking care of residents on units/in facilities with confirmed, suspected, or possible COVID-19	
☐	Use standard plus contact and droplet precautions for care of residents with possible, suspect, or confirmed COVID-19; prioritize gowns for close patient contact. Wear gowns, gloves, eye protection (goggles or face shield), and N95 respirator if the facility has a respiratory protection program. If no respiratory protection program, or no N-95 respirators are available, use a facemask.
☐	Residents with confirmed or suspected COVID-19 must wear a face mask when staff enter their room, unless a facemask is not tolerated.
☐	Post signs on the residents' doors indicating specific PPE needed to enter the room. Examples include contact precautions, droplet precautions.
☐	Have necessary PPE, hand hygiene supplies, and disinfection wipes available at the door to the resident's room.
☐	Have a trash can available at the exit to the room to discard doffed (removed) PPE.
☐	Use standard plus contact and droplet precautions with eye protection for all residents on the same nursing unit/in the facility where a suspected, possible, or confirmed COVID-19 case is identified. PPE conservation guidelines

	should be followed when implementing this, and the decision about placing the unit/facility on precautions would be based on PPE availability.
☐	Take actions to ensure further transmission does not occur, by selecting the appropriate location within the facility to care for a resident with suspected or confirmed COVID-19; this will be based on guidance from your local health departments.
☐	Roommates of COVID-19 confirmed cases are considered exposed and should be kept in a single room for 14 days, if possible, and not be housed with an unexposed resident. Preferentially pair this roommate with another potentially exposed resident, if feasible, or someone else from the same unit.
☐	Keep residents who share the unit, or are in the same facility as a confirmed or suspected case, in their rooms as much as possible; this room restriction may need to be adapted for dementia or fall risk residents.
☐	Monitor residents of affected units/facilities once per shift. Monitoring must include a symptom check* and temperature check at a minimum; other vital signs, lung auscultation, and pulse oximetry may also be included in the assessment. This will help detect spread of infection more rapidly.
☐	If ill residents need to be transferred, communicate with EMS and receiving hospital about patient's possible COVID-19 status.
☐	Notify the health department about any of the following: • A resident or staff member is suspected or confirmed with COVID-19; • Increase in residents being transferred to the hospital for COVID-19 symptoms; • Increase in staff calling out sick for hospital for COVID-19 symptoms; or • Increase in unexplained deaths or deaths from respiratory symptoms.

* Long-term care residents with COVID-19 may not show typical symptoms, such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, altered mental status, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.