

## Covid-19 Facility Self-Assessment Checklist

Covid-19 Facility Self-Assessment Checklist			
	Please Check One.		
	Completed	In Progress	Not Started
COVID-19 preparedness has been incorporated into Emergency Plan for facility.			
Designated staff person to coordinate preparedness planning and integrate local DPH, CDPH, and CDC guidance			
<b>Entry Procedures</b>			
Signs have been posted at facility entrance with visitor policy (limit to essential visits only; limited visitation hours; exceptions allowed for hospice).			
Residents have been notified about your COVID-19 policies.			
One central entry point has been designated for universal entry screening.			
Routine symptom screening (+/- temperature check) has been initiated at entry for all staff, residents, and essential visitors.			
Handwashing on entry is requested for all staff, residents, and visitors.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A sign-in policy has been enacted with all visitors.			
<b>Staff Training and Policies</b>			
Facility provides ongoing updates about COVID-19 to residents and staff. The communications are language and reading level appropriate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Facility has conducted mandatory staff training on COVID-19 prevention, symptoms, transmission.			
Facility has conducted mandatory staff training on when and how to use personal protective equipment.			
Facility has conducted mandatory staff training on sick leave policies.			
Sick leave policies have been created that are non-punitive, flexible, and consistent with public health policies that allow ill personnel to stay home.			
Staff have been notified to avoid work if acute respiratory illness and to contact medical provider to consider COVID-19 testing			

	Please Check One.		
Staff Training and Policies	Completed	In Progress	Not Started
Staff have been notified when they may return to work after illness (72 hours after last fever or 14 days if COVID-19 positive).			
Staff have been notified that medical clearance is not required to return to work.			
Alternate staffing plan has been developed to account for shortages.			
Facility has a plan to expedite hiring and training of non-facility staff to provide resident care when facility reaches a staffing crisis.			
Resident Counseling & Policies			
Daily symptom screening (+/- temperature check) have been initiated for all residents.			
All activities that take persons into public or crowded places have been canceled.			
Facilities have developed policies that enable residents to leave facility for essential medical care.			
Internal group activities have been limited to foster social distancing practices (i.e. meals in individual rooms, staggered meals, 6 feet of space between residents in common areas, etc)			
Beds have been moved at least 6 feet apart or 3 feet apart with head-to-toe orientation.			
Free telephone has been implemented to allow residents to keep in touch with family, medical providers, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Meals are either offered in resident rooms or at staggered mealtimes for asymptomatic residents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
All residents have at least 30 day supply of medications.			
Residents and their authorized representatives have been consulted to consider postponing elective surgical procedures.			
All emergency contact information for all residents have been updated.			

Containment Strategies	Please Check One.		
	Completed	In Progress	Not Started
Facility has a specific plan for managing residents with symptoms of acute respiratory illness and/or COVID-19 exposure.			
Facility is able to designate a single-person room with closed door to isolate symptomatic and/or asymptomatic exposed residents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Facility is able to designate a single bathroom for isolation of symptomatic and/or asymptomatic exposed residents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(If indicated) Signs are posted outside of isolation rooms to indicate appropriate contact and respiratory droplet precautions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(If indicated) Appropriate PPE (face masks, gowns, gloves, eye protection) is available outside of isolation room.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(If indicated) Trash bins and handwashing stations are located outside of isolation room.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Plan has been developed to immediately notify residents' medical provider if symptoms develop or if COVID-19 exposure occurs			
Plan has been developed about when to call 911 for residents with severe respiratory symptoms or illness.			
Plan to test and isolate symptomatic residents for COVID-19 in consultation with medical provider has been developed.			
Plan has been developed to accept back clients following discharge from hospital for acute respiratory illness.			
Plan has been developed to notify DPH if any residents or staff develop symptoms or have exposures to COVID-19.			
Facility is able to serve all meals and deliver medications to residents in isolation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Plan has been developed to monitor residents in isolation routinely (at least every 4 hours).			

<b>Environmental Preparation and Cleaning</b>			
Facility has a specific plan to ensure proper cleaning and disinfection of environmental surfaces and laundry.			
Commonly touched surfaces are cleaned and disinfected at least once a day.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Plan to ensure appropriate cleaning of isolation rooms has been developed.			
Signs are posted throughout the facility to encourage residents to report acute respiratory illness to staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Signs are posted throughout facility to promote handwashing, cough/sneeze etiquette, and social distancing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hand washing stations or alcohol-based hand sanitizer are available in every resident room.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sinks are well stocked with soap and paper towels for handwashing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A plan has been created to audit and address supply shortages.			
Does the Facility have enough hygiene supplies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "No", how many days worth of hygiene supplies does the facility have:			
Does the facility have enough Personal Protective Equipment (PPE)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "No", how many days worth of PPE supplies does the facility have:			
<b>If "No" to either of the preceding questions, what additional supplies does the facility need?</b>			
Face shields			
Disposable gowns			
Hand hygiene supplies			
Surgical masks			
Disposable gloves			
Food supplies			
N95 respirators			
Tissues, paper towels, cleaners and EPA-registered disinfectants			
Other Supplies not listed (please specify)			