

# Adult Care Facility

## COVID-19 Infection Prevention & Control Checklist

**Why are we sharing this tool?** The New York State Department of Health (“Department”) has identified Adult Care Facilities (ACFs) as vulnerable places for spread of COVID-19. It is imperative that ACFs take steps to prevent introduction, recognize staff and residents with possible COVID-19, and minimize transmission within the facility.

**What is this tool?** We are providing all ACFs in New York with this revised COVID-19 Infection Prevention & Control (IPC) preparedness checklist. This tool is specifically designed for ACFs and intended as a self-assessment and provides ACFs with the IPC elements to effectuate before and after recognition of a confirmed, suspect, or possible COVID-19 case in the facility.

The elements of the checklist are adapted from guidance issued by the Centers for Disease Control and Prevention (“CDC”) and Department-issued health advisories. This checklist may be updated as the situation evolves.

The items on this checklist do not replace the need to follow all available guidance and advisories, including those related to infection prevention and control. ACFs should call their local health department (LHD) or write to [covidadultcareinfo@health.ny.gov](mailto:covidadultcareinfo@health.ny.gov) for additional guidance.

### Preparedness

	Locate and maintain the contact information for the LHD and the Department’s regional office ACF program team. Keep this information near the administrator’s phone and any other phone/s routinely accessed by facility leadership staff on all shifts.
	Update all health commerce system facility leadership roles and contact information including after hour cell phone numbers. Optionally, complete backup role information.
	Ensure that personnel are fully vaccinated against COVID-19, absent an allowable exemption, implement a policy and procedure that ensures compliance with <a href="#">Title 10 NYCRR Section 2.61</a> .
	Ensure that qualified staff are assigned responsibility for monitoring Centers for Disease Control and Prevention (CDC), the Department and LHD advisories.
	Identify the facility’s licensure and certification on the Department-issued operating certificate. Check all that apply. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: left;"> <p>Adult Home</p> <p>Enriched Housing Program</p> </div> <div style="text-align: left;"> <p>Assisted Living Program</p> </div> <div style="text-align: left;"> <p>Assisted Living Residence</p> <p>Enhanced ALR</p> <p>Special Needs ALR</p> </div> </div>
	Maintain a daily in-house census and number of available single-bed rooms.
	Have a plan and mechanism to regularly communicate COVID-19 related updates with residents and families/legal guardians (as applicable).
	Maintain a list of all current staff, volunteers, and others (e.g., healthcare providers, consultants) who provide services in the facility. Develop policies and procedures to ensure that the list of facility staff is reviewed and updated at least annually and as needed.
	Provide education to residents about COVID-19 and strategies to protect themselves and others. Ensure all residents are offered all recommended COVID-19 vaccine doses and any additional booster doses. CDC has <a href="#">resources for older adults</a> , including considerations for memory care units.
	Encourage residents to practice physical distancing and encourage residents, regardless of vaccination status, to wear a facemask in common areas of the facility when in contact with other residents or staff, <a href="#">especially when COVID-19 community transmission levels are substantial or high</a> .
	Have a plan to cancel communal dining (and other group activities that bring multiple residents together without physical distancing) when necessitated through discussion with the LHD and/or based on then-current guidance and/or State-issued directives.



	Regularly replace sanitizer containers before they are empty.
	Stock all sinks with liquid soap and paper towels and ensure a system to restock on a regular basis. Ensure a trash receptacle for paper towel disposal is near hand washing stations.
	Encourage staff and residents to perform hand hygiene diligently and frequently.
	Routinely (at least once per day, if possible) clean and disinfect environmental surfaces and objects, including frequently-touched surfaces in common areas. A list of disinfectants for Coronavirus can be found here: <a href="#">Environmental Protection Agency (EPA) List N</a> .
	Ensure reusable medical and other equipment (e.g. thermometers, pulse oximeters) are cleaned and disinfected after each use.
	Consider making cleaning and disinfecting products (e.g., premoistened disinfectant wipes or other appropriate products) accessible for use by staff to enhance routine environmental cleaning and disinfection.
<b>Resident monitoring</b>	
	Set up a system to monitor all residents for <a href="#">signs and symptoms</a> * of COVID-19 daily. At a minimum, this should include temperature checks and a symptoms screen.
	Ask residents (if they are capable) to monitor themselves for any COVID-19 signs or symptoms and provide them with a point of contact at the facility to notify if they develop signs or symptoms consistent with COVID-19.
	In communities with a high burden of COVID-19, treat any resident with signs and symptoms of COVID-19 or any influenza-like illness (fever, cough, change in mental status, muscle aches, etc.), pneumonia diagnosis, or unexplained change in status, as possible COVID-19. Place them on appropriate transmission-based precautions, and follow additional guidance (see next section).
<b>Caring for a resident with suspected or confirmed COVID-19</b>	
	Immediately isolate the resident in their room and use the appropriate transmission-based precautions. Notify the LHD.
	Confirm whether resident has a spouse or roommate and speak with LHD about placement options for that individual.
	If ill resident is not able to stay in the room because of dementia or for other reasons despite efforts by staff to maintain routines, redirect and provide activities for the resident, give the resident a mask to wear if tolerated, provide opportunities for frequent hand hygiene, and keep physically separated from other residents as much as possible.
	If possible, have ill residents or residents with a close contact to an individual with COVID-19 wear a facemask when staff enter the room.
	Healthcare providers who enter the room of a patient with suspected or confirmed COVID-19 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face). **Note, refer to OSHA requirements for approved N95 use.
	All staff or outside providers caring for the ill resident should receive just-in-time-training on transmission-based precautions and proper PPE use.
	Post signs on the residents' doors indicating the specific PPE required
	Have necessary PPE, hand hygiene supplies, and disinfection wipes available in the facility, preferably close to the resident's room.
	Have a place where PPE can be safely removed, and provide a proper receptacle for disposal (ideally at the exit of the resident's room).
	Closely monitor residents of the unit/wing/facility for fever and other signs and symptoms* of COVID-19 infection at least daily to help detect spread of infection more rapidly.
	Minimize floating staff where possible.
	If ill residents need to be transferred, communicate with EMS and the receiving hospital about possible COVID-19, including identified signs and symptoms, temperature, etc.

	<p>Notify the LHD of any of the following:</p> <ul style="list-style-type: none"> <li>• COVID-19 is suspected or confirmed in a resident or staff.</li> <li>• Increase in residents being transferred to the hospital for COVID-19 like-illness.</li> <li>• Increase in staff/other affiliated personnel reporting influenza-like illness.</li> <li>• Increase in unexplained deaths or deaths from respiratory symptoms.</li> </ul>
	<p>In collaboration with the LHD, identify and manage close contacts to residents, staff or visitors with COVID-19. Institute quarantine, work exclusion, and COVID-19 testing according to current guidance. The purpose for identification of close contacts is to stop or reduce transmission in the facility. Develop a line list template to organize information about resident and staff close contacts.</p>
	<p>Collaborate with the LHD, laboratories, home health agencies, hospitals, or other partners to facilitate COVID-19 testing of symptomatic residents, close contacts, and testing of staff during a COVID-19 outbreak in the facility.</p>
	<p>Maintain a line list of residents who test positive for COVID-19, their current status (e.g., any COVID-19 test date(s) and results, symptom onset date, location in facility, need for hospitalization, symptom progression or resolution and date of receipt of all COVID-19 vaccine doses including the name of the vaccine product administered).</p>

\* Older people with COVID-19 may not show typical signs such as fever or respiratory symptoms. Atypical signs and symptoms may include new or worsening weakness, altered mental status, dizziness, vomiting, diarrhea, and/or sore throat. Identification of these signs or symptoms should prompt isolation and further evaluation for COVID-19.