

Reopening ADHC Checklist

Prepared by ADHCC 3.30.21

- I. PPE
 - a. Check current inventory (masks, face shields, gowns, gloves, hand sanitizers, thermometers, etc.)
 - b. Evaluate needs and determine par level
 - c. Order/arrange to receive necessary equipment/supplies (who to go to? PPE from nursing home? Who delivers initial and ongoing supplies?)
 - d. Develop P&P to address obtaining/maintaining adequate supply
 - e. Get staff fitted for PPE; train staff on donning/doffing.
 - f. Track all expenses

- II. Staffing
 - a. Determine who/which staff/which disciplines (which staff expects to return?)
 - b. Determine how many staff needed and which staff may be shared with SNF.
 - c. Determine staffing schedule
 - d. Determine screening and testing process, frequency and contingency plan for staff who either call in sick, cannot pass screening/cannot be admitted to program, or become ill and need to be sent home
 - e. Develop Policy and Procedure (P&P) to address issues identified in II d above
 - f. On-site ADHC staff will test twice/weekly unless work three days or less (part time)

- III. Transportation Vendor – May need to find a new vendor
 - a. Develop a plan/agreement that addresses:
 - the testing/screening of drivers/matrons (vendor responsibility)
 - PPE (supplies, appropriate use and removal)
 - Program expectations of driver/matron including screening
 - policy for not accepting registrants who do not meet screening criteria
 - seating on vehicles
 - routing designed to accommodate social distancing of registrants being transported by vendor
 - cleaning and disinfection of vehicles, etc.

- IV. Managed Care (May take long time to confirm.....do NOT wait...contact CFO, if necessary to facilitate/expedite process)
 - a. Need authorizations from plans to get paid. Note: registrants may have switched plans.
 - b. Communicate ADHCP expectations

- c. Provide managed care plan with NY Forward Safety Plan- this may set you apart from competitors
- d. Who is arranging the transportation?

V. NY Forward Safety Plan

- a. Physical Distancing P&Ps
- b. Infection Control P&Ps, including screening of registrants and staff
- c. Submit NY Forward Safety Plan to covidnursinghomeinfo@health.ny.gov prior to opening
- d. Share NY Forward Safety Plan with caregivers/registrants.
- e. Share NY Forward Safety Plan with managed care plans (suggestion)
- f. Post NY Forward Safety Plan in public space next to most recent DOH Survey

VI. Outside Vendors/Visitors – No visitors to program until further notice 3.29.21

VII. Food/Meals/Snacks

- a. Contact food vendor and develop menu
- b. Determine and develop a P&P addressing infection control measures and details related to where food is coming from, method of transporting, how everything is being served/distributed, how registrants are fed, etc.
- c. NOTE: Serving on disposable tableware is acceptable by DOH during state of emergency
- d. ADHC registrants are not permitted to dine with SNF residents.

VIII. Registrants

- a. Evaluate how many registrants can attend each day within the accepted socially distant guidelines (6 ft)
- b. Evaluate and document which registrants have received the vaccine and schedule vaccination if necessary
- c. Plan and design an anticipated attendance list for each day
- d. Determine the method of transportation being used by each registrant
- e. Evaluate the ability of each registrant to adhere to COVID guidelines and determine if any registrant would be deemed “unsafe”
- f. Develop a plan to offer/provide telehealth to any registrant who cannot be in Program on a given day, has needs that should be addressed and has requested/agreed to receiving telehealth.

IX. Families/Caregivers

- a. Send letter to registrants, families, vendors, community members, referral sources, etc. announcing reopening of program.
- b. Discuss plans for reopening and describe infection control measures that are being implemented to ensure the immediate and ongoing safety of their family member.
- c. Describe program hours, staffing patterns, screening and testing policies, visiting policies, etc. being implemented during the Coronavirus environment to ensure social distance and safety precautions.
- d. Discuss need for families to have contingency plan in place if client cannot pass screening and cannot be accepted to program, or becomes ill and needs to be sent home, or becomes ill warranting a need to transfer to the ED
- e. Assure families, and develop P&P to reflect, that any cases of staff or registrants testing positive will be communicated to them no later than 24 hours after receiving notification
- f. Determine who will return to program and their preferred schedule.
- g. Share infection control policies with registrant and/or caregiver.
- h. Determine and document vaccination status of each registrant- case manage vaccine for those who wish to receive it. Document in medical chart registrants who refuse vaccine.
- i. Registrant must bring proof of vaccination to program for medical record.
- j. Registrant will need proof of negative baseline COVID test within three days of returning to program.

X. Environment

- a. Determine area where registrants and staff will be screened daily
- b. Determine area where PUI will stay until transportation pick up (separate from screening area)
- c. Evaluate environment for social distance seating and implement seating plan
- d. Ensure that the tables, chairs and spacing appropriately accommodate the number of registrants expected
- e. Order/obtain signage and hang in program.
- f. Consider placing water fountains, water coolers and vending machines off limits/non-operational

XI. Housekeeping

- a. Develop a policy and procedure that reflects cleaning, sanitizing, disinfecting all pertinent areas to prevent transmission of virus. (Follow the policy of the nursing home and specify areas including tables, chairs, doors, door knobs, hand rails, light switches, phones, computers, keyboards, copy and fax machines, etc.)

- b. Ensure that adequate supplies/equipment are obtained/maintained and stored appropriately and safely

XII. Recreation

- a. Evaluate seating plan for activities and the use of PPE. (Consider the populations being served and the need for masks, face shields, gowns, gloves, etc.) The PPE type should be determined by the level of registrant compliance, the type of activity and the assessed safety level for registrant and staff
- b. Consider devising separate activity kits labeled with each participating registrant's name to avoid multiple people touching the same items
- c. Evaluate what activities are safe to use, how and where to store them and how and with what frequency to clean/disinfect/sanitize (musical instruments, playing cards, crayons, colored pencils, bingo chips, etc.)
- d. Consider the safe use of patios, courtyards, small spaces (encourage outdoor activities) and the subsequent need for cleaning and disinfecting

A. Documentation

- Daily screening of registrants and staff
- Negative COVID baseline test within three days of returning to program
- Vaccination status
- Assess telehealth needs and ensure that telehealth care plans are incorporated in the medical record
- Develop Policies and Procedures/Protocols for all newly created practices that pertain to operating in the Coronavirus environment and adhering to all DOH and CMS guidance
- Create process to be used for screening and COVID testing management to address:
 - the screening questions (who, where and when)
 - taking registrant/staff temperature (who, where and when)
 - Who gets tested, where, when and frequency
 - Actions when registrant/staff tests positive
 - Agreement between registrant/representative and staff reflecting understanding for family backup if registrant cannot be admitted to or needs to be sent home from ADHCP
- Track all expenses (PPE, testing, supplies, etc.)

B. Staff Training

At a minimum, all staff should be trained (in-service sign-in attendance sheets) on the following:

- Placement and removal of PPE
- Housekeeping, cleaning, disinfecting and storage
- Infection control
- Reporting mechanisms if registrant/staff tested positive
- All new P&Ps and Protocols created

C. Protocols

Develop a plan, create a P&P/protocol and train staff related to:

- Transferring registrant to the ED
- What actions to take if registrant/staff refuses screening
- What actions to take if registrant/staff/driver/matron refuses to wear mask
- Returning to work after suspected or positive test
- Memorializing registrants who passed away

D. Quality Assurance

- a. Develop QA audit tools and a process to evaluate the ongoing effectiveness in, at a minimum, the following areas:
 - Infection Control
 - Adherence to CMS guidelines
 - Telehealth
 - Documentation
 - Confidentiality