

Infection Prevention and Control Manual

Protocol Checklist for Confirmed COVID-19 Resident

Confirmed COVID-19 Resident Protocol Checklist

The below is a checklist of steps that need to be completed by the organization related to a confirmed COVID-19 resident. This checklist was designed to provide a highlight of leadership, clinical and staff actions in accordance with organization policy and procedures, federal requirements, and state/local public health department.

Action Steps	Completed		Follow Up Actions
	Yes	No	
Resident Process - Confirmed COVID-19			
Acute Change in Condition - <i>Acute Change in Condition -If resident requires immediate acute care/emergency care</i>			
Immediate isolation in private room (or cohort residents with COVID-19 confirmation) with door closed. <ul style="list-style-type: none"> Implement transmission-based precautions (COVID-19) 			
Complete clinical assessment of resident <ul style="list-style-type: none"> Document in medical record 			
Call EMS (notify of COVID-19 status - be alerted to the resident's diagnosis and precautions to be taken) <ul style="list-style-type: none"> Document in medical record 			
Call receiving hospital (notify of COVID-19 status - be alerted to the resident's diagnosis and precautions to be taken) <ul style="list-style-type: none"> Document in medical record 			
Complete Notifications (Physician, resident, representative) and document in the medical record <ul style="list-style-type: none"> Document in medical record 			
Document on 24 Hour Report			
Complete Discharge Process per facility policy			
Immediately notify Public Health department of discharge to acute care (COVID-19) per State guidance <ul style="list-style-type: none"> Document in medical record Document in administrative files 			
Only essential personnel to enter the room until transport			

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Log all who entered the resident room until transport			
Place mask on resident prior to transport			
Add to resident Infection Control line list			
Complete facility communications per plan (residents, families/representatives, corporate, staff, vendors, etc.)			
Notify staff of confirmed COVID-19 status			
If resident has a roommate, place roommate on quarantine in private room on quarantine unit with private bathroom and test resident			
Resident Process - Confirmed COVID-19 Resident Remains in the Facility - <i>If resident is currently able to be managed in the facility (resident level of care and ability to maintain transmission-based precautions)</i>			
Implement transmission-based precautions (COVID-19) on COVID-19 positive unit/section of the facility			
Closely monitor resident for change of condition <ul style="list-style-type: none"> ▪ COVID-19 S/S protocol ▪ Document in medical record 			
If resident has a roommate, place roommate on quarantine in private room on quarantine unit with private bathroom and test resident			
Monitor ill residents (including documentation of temperature, respiratory evaluation, and oxygen saturation, etc.) at least 3 times daily to quickly identify residents who require transfer to a higher level of care			
Add to 24 Hour Report			
Notify Resident Physician <ul style="list-style-type: none"> ▪ Document in resident record 			
Notify Resident and Representative <ul style="list-style-type: none"> ▪ Document in resident record 			

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Immediate notification to Public Health Department <ul style="list-style-type: none"> ▪ Notify your state or local health department immediately (<24 hours) if these occur: ▪ Severe respiratory infection causing hospitalization or sudden death ▪ Clusters (≥3 residents and/or HCP) of respiratory infection ▪ Individuals with suspected or confirmed COVID-19 <ul style="list-style-type: none"> ▪ Document in resident record ▪ Document in administrative record 			
Notify Medical Director <ul style="list-style-type: none"> ▪ Document in administrative record 			
Implement consistent assignment of staff for resident(s)			
Only essential staff are to enter room/unit with appropriate PPE and respiratory protection			
Log - keep a log of all persons who enter the room, including visitors and those who care for the resident			
Add to resident Infection Control line list			
Report COVID-19 cases on NHSN https://www.cms.gov/files/document/qso-20-29-nh.pdf			
Follow COVID-19 reporting requirements for residents, resident representatives and families of residents in the building: https://www.cms.gov/files/document/qso-20-29-nh.pdf			
For All Other Residents			
Monitor residents (at least one time per shift) per signs and symptoms of COVID-19 and/or change of condition <ul style="list-style-type: none"> ▪ Document in resident record ▪ Follow resident screening protocols per policy 			
If resident(s) develops fever and/or symptoms of COVID-19: <ul style="list-style-type: none"> ▪ Place in Transmission-based precautions for COVID-19 in private room with own bathroom on quarantine 			

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<ul style="list-style-type: none"> ▪ Contact physician and public health authorities for COVID-19 testing consistent with current CDC and State Public Health recommendations <ul style="list-style-type: none"> ○ Work with state and local health departments to determine and address COVID-19 testing, guidance, prioritization, and specimen collection. ▪ Document in medical record ▪ Contact resident representative and document in medical record ▪ Contact Medical Director and document in administrative files ▪ Implement consistent staff assignment ▪ Only essential staff to enter room with appropriate PPE ▪ Log all staff, visitors who enter room ▪ Add resident to Infection Control Line List as applicable ▪ Monitor resident for change of condition 			
<p>Discontinuation of Isolation Precautions will be determined on a case-by-case basis in conjunction with CDC, State and/or Local Health Department https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html</p>			
<p>Residents who must regularly leave the facility for care (e.g., hemodialysis patients) should wear facemasks when outside of their rooms.</p> <ul style="list-style-type: none"> ▪ If face masks are not available, residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. 			
<p>When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Per CMS, residents can use tissues for this.</p> <ul style="list-style-type: none"> ▪ They could also use cloth, non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive. 			
Employee Response If Confirmed COVID-19 in Organization			
<p>Complete Employee Screening process per guidelines (upon entering facility and per shift)</p> <ul style="list-style-type: none"> ▪ Temperature ▪ Employee Symptom Screening Questionnaire ▪ Document on Employee Screen Log ▪ If fever or symptomatic, send employee home with facemask 			

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<ul style="list-style-type: none"> ▪ Contact public health for guidance and testing ▪ Document in administrative files ▪ Add to employee Line List ▪ Contact facility administration and corporate office as applicable 			
<p>Complete consistent assignment of employees regardless of symptoms of COVID-19 status.</p> <ul style="list-style-type: none"> ▪ Redeploy existing training related to consistent assignment, and ensure staff are familiar with the signs and symptoms of COVID-19 			
<ul style="list-style-type: none"> • All facility personnel should wear a facemask while they are in the facility <ul style="list-style-type: none"> ○ It is recommended that an N95 or surgical mask is to be used – if no surgical mask or N95 is available a cloth face covering can be used but is not considered a PPE. **See policies and procedures for PPE’s (face mask, face shield, gowns) <ul style="list-style-type: none"> ▪ Per CDC, Ensure all staff wear a facemask or cloth face covering for source control while in the facility. <ul style="list-style-type: none"> • Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required. • Staff will use appropriate PPE when they are interacting with residents, to the extent PPE is available and per CDC guidance on conservation of PPE. • If community transmission is occurring in facility, full PPE for the care of all residents regardless of COVID-19 status • Employees working in facilities located in areas with moderate to substantial community transmission should wear eye protection in addition to their facemask to ensure the eyes, nose and mouth are protected from exposure to respiratory secretions during patient care encounters. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html 			
<p>Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE</p> <ul style="list-style-type: none"> • Gloves, gowns, N95, eye protection 			

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Employees who have unprotected exposure to a resident with COVID-19 should report to the Infection Preventionist or designee for further direction as indicated by State/Local Health Departments https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html			
Communication Plan – Confirmed COVID-19			
Complete communications as indicated in plan <ul style="list-style-type: none"> ▪ Employees <ul style="list-style-type: none"> ○ Document in administrative files ▪ Residents <ul style="list-style-type: none"> ○ Document in resident record ▪ Resident Representatives/Families <ul style="list-style-type: none"> ○ Document in Resident Record ▪ All clinicians <ul style="list-style-type: none"> ○ Document in administrative files ▪ Vendors <ul style="list-style-type: none"> ○ Document in administrative files ▪ Media <ul style="list-style-type: none"> ○ Document in administrative files 			
The facility will review facility communication procedures for COVID-19 (initial, ongoing and upon suspected or confirmed outbreak) through multiple means (i.e. signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls) to inform individuals and non-essential health care personnel of COVID-19 status, visitation restrictions and reopening policies as outlined in (include State specific guidance) and: https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf , https://www.cms.gov/files/document/qso-20-29-nh.pdf https://www.cms.gov/files/document/qso-20-30-nh.pdf-0			
The facility will, to their fullest extent possible, inform residents and their families of limitations of their access to and ability to leave and re-enter the facility, as well as any requirements and procedures for placement in alternative facilities for COVID-19-positive or unknown status.			

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Disinfection Criteria			
Equipment <ul style="list-style-type: none"> ▪ Dedicated or disposable patient-care equipment should be used <ul style="list-style-type: none"> ▪ If equipment must be used for more than one resident, it will be cleaned and disinfected before use on another resident, according to manufacturer’s recommendations using EPA-registered disinfectants against COVID-19: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19 			
Cleaning and disinfecting room and equipment will be performed using products that have EPA List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19): https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19			
Staff Re-Education (reinforce infection control protocols)			
The facility will re-educate employees and reinforce: <ul style="list-style-type: none"> ▪ COVID-19 Signs and Symptoms ▪ Screening process ▪ Strong hand-hygiene practices ▪ Cough etiquette ▪ Respiratory hygiene ▪ Transmission Based Precautions ▪ Appropriate utilization of PPE ▪ PPE Sequencing specific for COVID-19 ▪ Optimization protocols for PPE ▪ Resident placement: Isolation, quarantine, and room logs ▪ Consistent staff assignment ▪ Staff roles and responsibilities 			

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

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References and Resources.

Centers for Disease Control and Prevention: Coronavirus Disease 2019 (COVID-19) Symptoms of Coronavirus. Updated May 13, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Centers for Disease Control and Prevention: Preparing for COVID-19 in Nursing Homes. June 25, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html>

Centers for disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. July 15, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Centers for Disease Control and Prevention. Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance). August 10, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Centers for Disease Control and Prevention. Strategies to Mitigate Healthcare Personnel Staffing Shortages. April 30, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

Centers for Disease Control and Prevention: Testing Guidelines for Nursing Homes. June 13, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

Centers for Medicare & Medicaid Services. Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes. May 6, 2020: <https://www.cms.gov/files/document/qso-20-29-nh.pdf>

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Overview of Testing for SARS-CoV-2: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19. June 18, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

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Centers for Disease Control and Prevention. "Healthcare Personnel Preparedness Checklist for 2019-nCoV that can be downloaded and completed by the Infection Preventionist at: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp-preparedness-checklist.pdf>

Centers for Medicare & Medicaid Services. Upcoming requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes <https://www.cms.gov/files/document/qso-20-26-nh.pdf>

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Protocol Checklist for Confirmed COVID-19 Resident

Centers for Medicare & Medicaid Services. COVID-19 Long Term Care Facility Guidance. April 2, 2020. <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

Centers for Medicare & Medicaid Services. QSO-20-14-NH. Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes: <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>

Centers for Medicare and Medicaid Services QSO-20-20-ALL <https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0>

Centers for Medicare & Medicaid Services QSO-20-29-NH: <https://www.cms.gov/files/document/qso-20-29-nh.pdf>

Centers for Medicare & Medicaid Services QSO-20-30-NH: <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>

Centers for Medicare & Medicaid Services. QSO-20-17-ALL. Guidance for the use of Certain Industrial Respirators by Health Care Personnel. <https://www.cms.gov/files/document/qso-20-17-all.pdf>

Local Health Department Listing and Contacts. <https://www.naccho.org/membership/lhd-directory>

Information on affected US locations: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

FDA Resources

Emergency Use Authorizations: <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations-medical-devices>

CMS Additional Resources

Long term care facility – Infection control self-assessment worksheet: https://qsep.cms.gov/data/252/A_NursingHome_InfectionControl_Worksheet11-8-19508.pdf

Infection control toolkit for bedside licensed nurses and nurse aides (“Head to Toe Infection Prevention (H2T) Toolkit”): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment>

Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

CMS COVID-19 Focused Survey for Nursing Homes: <https://www.cms.gov/files/document/qso-20-29-nh.pdf>

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CDC Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and Other Long-Term Care Settings: https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

CDC Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf>

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