

# Administrative Entity - Residential Provider Preparedness Assessment Tool for COVID-19

## Purpose:

This tool is intended for use by the county AE staff in order to ascertain the status of the residential providers within their communities during the COVID-19 response. One of the primary goals of this assessment is to provide **reassurance, leadership and stability** within the residential provider communities during these the COVID-19 pandemic. County programs are in a unique position to create y a safety net that serves and protects vulnerable populations, especially individuals with ID/A and their families. We hope you find the guidance within this tool helpful.

This tool and process are unique to COVID-19 pandemic. It is not intended to be utilized within the typical county provider risk management process, or nquality assurance and improvement oversight

The assessment can be conducted on an individual provider basis or as a network engagement activity.

**The goal will be to engage with the residential providers on a weekly basis.** We anticipate that counties will be able to identify those agencies who may present at a higher risk due to the characteristics of the population they serve, business models, recent licensing or programmatic citations, numbers of people served, etc and prioritize these contacts. Please include life sharing providers within this effort.

In the event, there is an agency who is identified as needing additional support, ODP expects the county to engage with the regional ODP staff, who will remain in contact with ODP senior management and the deputy secretary. If emergency contingency plans are needed, ODP is committed to working with county agencies and providers in order to address these in a timely manner.

This assessment is modeled from one developed by the state Department of Health referred to as "LTCF Preparedness Assessment for COVID- 19 "

# Residential Provider Preparedness Assessment for COVID-19

*We recommend the following assessment be conducted on a weekly basis to assist with risk mitigation for residential providers operating within the counties and completed before cases of COVID-19 are identified in your agency if possible. If cases are then identified, this information will be helpful to you and your team and will assist ODP with providing support.*

	Notes/Areas for Improvement
<p><b>Which of the following situations apply to the agency? (Select all that apply)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No cases of COVID-19 currently reported in their community</li> <li><input type="checkbox"/> Cases reported in their community</li> <li><input type="checkbox"/> Sustained transmission reported in their community</li> <li><input type="checkbox"/> Cases identified in their agency (either among Staff or residents)</li> <li><input type="checkbox"/> If there are suspected or confirm cases the number of people with potential exposure</li> </ul>	
<p><b>How many days supply does the agency have of the following PPE and alcohol-based hand sanitizer (ABHS)?</b></p> <ul style="list-style-type: none"> <li>• Facemasks:</li> <li>• N-95 or higher-level respirators:</li> <li>• Isolation gowns:</li> <li>• Eye protection:</li> <li>• Gloves:</li> <li>• ABHS:</li> </ul>	
<p><b>Please describe any emergency or contingency plans for ill residents and/or staff in the event of COVID-19 cases in the agency?</b></p> <ul style="list-style-type: none"> <li>• Does the agency have a method to ensure that individuals information regarding health and safety is readily available to transport with the individual in the event of an emergency?</li> <li>• There is a cleaning and sanitation protocol in place</li> <li>• There is a process for ongoing regular communication with staff individuals and families especially if there's a suspected or confirm case and if we location becomes necessary</li> </ul>	

Elements to be assessed		
Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>Agency restricts all visitation except certain compassionate care situations, such as end of life situations.</p> <p>Decisions about visitation during an end life situation are made on a case by case basis: Potential visitors are screened prior to entry for fever or respiratory symptoms. Those with symptoms are not permitted to enter the facility.</p> <ul style="list-style-type: none"> <li>• Visitors that are permitted inside, must wear a facemask while in the building and restrict their visit to the resident’s room or other location designated by the facility. They are also reminded to frequently perform hand hygiene.</li> <li>• Agency restricts visitors unless medically necessary or within protective services and licensing regulations</li> </ul>		
<p>Agency has sent a communication (e.g., letter, email) to families advising them that no visitors will be allowed in the facility except for certain compassionate care situations, such as end of life situations, and that alternative methods for visitation (e.g., video conferencing) will be facilitated by the agency.</p>		
<p>Facility has posted signs at entrances to the facility advising that no visitors may enter the facility.</p>		
Education, monitoring, and screening of staff		
Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>Agency has provided education and refresher training to staff (including consultant personnel) about the following:</p> <ul style="list-style-type: none"> <li>• COVID-19 (e.g., symptoms, how it is transmitted)</li> <li>• Sick leave policies and importance of not reporting or remaining at work when ill</li> <li>• Adherence to recommended IPC practices, including: <ul style="list-style-type: none"> <li>○ Hand hygiene,</li> <li>○ Selection and use including donning and doffing PPE,</li> <li>○ Cleaning and disinfecting environmental surfaces and resident care equipment</li> </ul> </li> <li>• Any changes to usual policies/procedures in response to PPE or staffing shortages</li> </ul>		
<p>Facility keeps a list of symptomatic staff.</p>		
<p>Facility screens all staff (including consultant personnel) at the beginning of their shift for fever and respiratory symptoms (actively</p>		

<p>takes their temperature and documents absence of shortness of breath, new or change in cough, and sore throat).</p> <ul style="list-style-type: none"> <li>• If they are ill, they are instructed to put on a facemask and return home.</li> </ul>		
<p>Non-essential personnel including volunteers and non-essential consultant personnel (e.g., barbers) are restricted from entering the home.</p>		
<p><b>Education, monitoring, and screening of residents</b></p>		
<p><b>Elements to be assessed</b></p>	<p><b>Assessment</b></p>	<p><b>Notes/Areas for Improvement</b></p>
<p>Agency has provided education to residents and information about the following:</p> <ul style="list-style-type: none"> <li>• COVID-19 (e.g., symptoms, how it is transmitted)</li> <li>• Importance of immediately informing staff if they feel feverish or ill</li> <li>• Actions they can take to protect themselves (e.g., hand hygiene, covering their cough, maintaining social distancing)</li> <li>• Actions the agency is taking to keep them safe (e.g., visitor restrictions, changes in PPE, canceling group activities and communal dining)</li> <li>• Counseling related to fear and anxiety and available MH tele services</li> <li>• Provision of additional behavioral support for individuals struggling with fear, change in routine, anxiety, isolation</li> </ul>		
<p>Agency assesses residents for fever and symptoms of respiratory infection upon admission and at least daily throughout their stay in the facility.</p> <ul style="list-style-type: none"> <li>• Residents with suspected respiratory infection are immediately placed in appropriate Transmission-Based Precautions.</li> <li>• 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, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is circulating in the community.</li> </ul>		
<p><b>Availability of PPE and Other Supplies</b></p>		
<p><b>Elements to be assessed</b></p>	<p><b>Assessment</b></p>	<p><b>Notes/Areas for Improvement</b></p>
<p>If PPE shortages are identified or anticipated, facility has engaged their healthcare coalition for assistance.  <a href="https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx">https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx</a></p>		

Supplies: the provider has a two-week supply of food, and basic household items available for individuals.		
Hand hygiene supplies are available in the homes. <ul style="list-style-type: none"> <li>Alcohol-based hand sanitizer* with 60-95% alcohol is available in common areas.</li> <li>Sinks are stocked with soap and paper towels.</li> </ul>		
EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.  *See EPA List N: <a href="https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2">https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2</a>		
Agency notifies the health department about any of the following: <ul style="list-style-type: none"> <li>COVID-19 is suspected or confirmed in a resident or healthcare provider</li> <li>A resident has severe respiratory infection</li> <li>A cluster (e.g., ≥ 3 residents or HCP with new-onset respiratory symptoms over 72 hours) of residents or HCP with symptoms of respiratory infection is identified.</li> </ul>		
<b>Staffing</b>		
<b>Elements to be assessed</b>	<b>Assessment</b>	<b>Notes/Areas for Improvement</b>
Staffing: does the provider have adequate staffing available to address of health, welfare and safety needs of the individuals they serve?		
Agency has considered or taken steps to reduce amount of different staff contact (for example, change in shift schedules from 3x8 hour shifts to 2x12; clinical services provided remotely when possible)		
Agency has back-up plan for extensive staff call offs (for example, personnel agency to provide supplemental staffing; consolidation of homes)		
<b>Medical and Support Need Records Availability</b>		
<b>Elements to be assessed</b>	<b>Assessment</b>	<b>Notes/Areas for Improvement</b>
<u>Complete, accessible and portable medical record available for each individual if individual needs hospitalization or relocation</u>		
1 page profile of critical person-centered plan and health and safety needs of each individuals accessible and available for individuals to		

be used for relocation ro hospitalization		
Complete and accessible information on decision-makers, health care directives for all individuals		
<b>Quarantine and Isolation</b>		
<b>Elements to be assessed</b>	<b>Assessment</b>	<b>Notes/Areas for Improvement</b>
Agency has plan and locations selected for immediate use for quarantine and isolation if necessary		