

DIRECTIONS

The New York State Department of Health (DOH) has identified congregate care settings (e.g., adult care facilities, nursing homes, residential programs, etc.) to be vulnerable places for spread of COVID-19. DOH developed a checklist to help congregate settings reduce the risk of COVID-19 transmission. The Office of Mental Health (OMH) has adapted the DOH checklist for use in Mental Health Residential Programs and Family Care settings. Symptoms of COVID-like illness may include fever, chills, sore throat, cough, headaches, shakes, muscle ache or fatigue, diarrhea, and/or loss of taste or smell.

Below is the adapted **COVID-19 Infection Prevention and Control (IPC) preparedness checklist**. This tool is intended as a **self-assessment and provides Residential and Family Care programs with all the IPC elements** that need to be in place both before and after recognition of a confirmed, suspected, or possible COVID-19 case in the facility.

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. Programs can find guidance on infection control on OMH’s COVID-19 Guidance website: <https://omh.ny.gov/omhweb/guidance/>.

Residential Program COVID-19 IPC Checklist

Preparedness

<input type="checkbox"/>	Keep track of current in-house census and number of available single occupancy rooms.
<input type="checkbox"/>	Have a plan and mechanism in place to regularly communicate COVID-19 related updates with residents and family.
<input type="checkbox"/>	Create or review a list of all individuals who provide services in the facility.
<input type="checkbox"/>	Provide education to residents about COVID-19, how to keep themselves safe, and what the facility is doing to keep them safe. Remind residents of State’s requirement to wear a cloth mask while in public. Resources are available at https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html and https://coronavirus.health.ny.gov/protect-yourself-and-your-family-coronavirus-covid-19 .
<input type="checkbox"/>	Restrict visitors and non-essential personnel from entering the facility. Essential visitors must wear a mask while in the facility.
<input type="checkbox"/>	Encourage residents to remain in their rooms as much as possible, practice physical distancing, and not allow outside visitors into the facility unless absolutely essential for the health of a resident.
<input type="checkbox"/>	Provide/encourage alternative methods for visitation and appointments (e.g., telemental health).
<input type="checkbox"/>	Post signs at the entrances, advising restrictions for visitors and non-essential personnel, and inform families about visitor restrictions.
<input type="checkbox"/>	Consider canceling communal dining and other group activities that bring multiple residents together without adequate spacing (at least 6 feet between each resident). Arrange multiple mealtimes, where possible. Serve meals in rooms if feasible.
<input type="checkbox"/>	Encourage residents not to leave the facility, except for medically necessary appointments. Those who leave for medically necessary reasons (e.g., long-acting injectable antipsychotics) should wear a facemask while they are out of the facility. While spending time outdoors, residents should continue to observe physical distancing.

<input type="checkbox"/>	Encourage robust communication with the local medical community serving your clients (e.g. ACT team members entering the facility, behavioral health staff, and other medical providers serving residents of the facility) to assure a coordinated response to COVID-19 prevention and care for facility residents. As much as possible, use video or telephone contacts with providers (telehealth).
Staff/outside providers education and monitoring	
<input type="checkbox"/>	Provide ongoing education and training about: <ul style="list-style-type: none"> • COVID-19 (e.g., symptoms, how it is transmitted). Resources are available at https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html. • How to stay safe outside of work so that they don't bring COVID-19 into the facility. • Sick leave policies and the importance of not reporting to work when ill. • Importance of adherence to hand hygiene. Resources are available at https://www.cdc.gov/handhygiene/campaign/promotional.html#anchor_1555101687.
	<ul style="list-style-type: none"> • Proper use of personal protective equipment ("PPE"). See OMH Infection Control Guidance for Residential Settings. • Facility's preparedness plan and staff roles and expectations. Address questions regarding implementation.
<input type="checkbox"/>	Inform staff/outside providers to self-monitor for signs and symptoms of COVID-19 and to not report to work if they feel ill, have a fever, or are experiencing any respiratory symptoms.
<input type="checkbox"/>	Screen all staff/outside providers/others upon entry to the facility for symptoms of COVID-19 illness. Ask about fever and respiratory symptoms.
<input type="checkbox"/>	If found to be ill, send them home immediately and refer the individual to appropriate medical care.
<input type="checkbox"/>	Maintain a list of symptomatic staff/outside providers, how long they are out of work, if they have been tested for COVID-19, and test results.
Secure personal protective equipment (PPE) and other supplies	
<input type="checkbox"/>	Take stock of currently available PPE and think about future needs, based on number of staff and residents; supplies should include (depending on availability) hand soap, paper towels, hand sanitizer, masks, and sanitizing wipes. Keep PPE in secure location and keep an inventory of incoming and outgoing PPE.
<input type="checkbox"/>	Know how to order more PPE before it runs out; this could include ordering from your usual suppliers, requesting from your professional organization, contacting the local Office of Emergency Management, or contacting the Office of Mental Health.
<input type="checkbox"/>	Review PPE conservation guidelines, available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html .
Hand hygiene and environmental disinfection	
<input type="checkbox"/>	If possible, increase availability of alcohol-based hand sanitizer (containing at least 60% alcohol) in the facility, ideally in hallways and common areas.
<input type="checkbox"/>	Stock all sinks with liquid soap and paper towels, and ensure a system is in place to restock on a regular basis.
<input type="checkbox"/>	Encourage staff and residents to diligently and frequently perform hand hygiene.
<input type="checkbox"/>	Routinely (at least once per day, if possible) clean and disinfect surfaces and objects that are frequently touched in common areas. Most common household disinfection products are effective; a comprehensive list can be found at https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2 . Shared spaces such as bathrooms should be wiped down between uses.
<input type="checkbox"/>	If available, ensure disinfection wipes are accessible for use.
Universal facemask	
<input type="checkbox"/>	All staff and outside providers must wear a surgical or cloth mask while in the facility when within 6 feet of a resident. If possible, residents should also wear a cloth facemask.
Resident monitoring	
<input type="checkbox"/>	Set up a daily system to monitor all residents for signs and symptoms of COVID-19. At a minimum, this would include a symptom screen. If thermometers are available, check temperatures of residents and staff.

<input type="checkbox"/>	Maintain a list of ill residents and their current status (e.g. COVID-19 test results if done, need for hospitalization, symptom progression or resolution).
<input type="checkbox"/>	In communities with a high burden of COVID-19, treat any resident with any COVID-like illness or unexplained change in status, as possible COVID-19, place them on appropriate precautions, and follow additional guidance (see next section). See OMH Infection Control Guidance for appropriate precautions.
Taking care of a resident with confirmed, suspected, or possible COVID-19 & Roommate (if applicable)	
<input type="checkbox"/>	Immediately isolate the resident in their room, to the degree possible. If possible, the roommate should also have their own room for 14 days. Check with local health department if alternate options exist for individuals with symptoms or roommates.
<input type="checkbox"/>	Advise other residents in the facility to stay in their rooms (if not already doing so).
<input type="checkbox"/>	If ill resident is not able to stay in their room because of psychiatric symptoms, contact outpatient provider to discuss possible alternative treatment options. Give the resident a mask to wear, if tolerated, provide opportunities for frequent hand hygiene, and keep separate from other residents, as much as possible.
<input type="checkbox"/>	If possible, have ill residents wear a facemask when staff enter the room.
<input type="checkbox"/>	At a minimum, all staff and outside providers providing close care (within 6ft) for the resident need to use a facemask. Eye protection should also be used if available. Staff should change outer clothing after stepping away from resident if they possibly come into contact with resident's urine, saliva, stool, and other bodily substances. If available, a program may provide staff with a disposable paper gown or washable lab coat; otherwise, staff should bring change of clothes.
<input type="checkbox"/>	Have a place where PPE can be safely removed and a proper receptacle for disposal.
<input type="checkbox"/>	Minimize floating staff where possible.
<input type="checkbox"/>	If ill residents need to be transferred, communicate with EMS and the receiving hospital about possible COVID-19, including identified symptoms, temperature, etc. before arrival.
<input type="checkbox"/>	Notify the local health department about any of the following: <ul style="list-style-type: none"> • COVID-19 is suspected or confirmed in a resident or staff; • Increase in residents being transferred to the hospital for COVID-like illness; • Increase in staff/other affiliated personnel calling out sick for hospitalization related to COVID-like illness; or • Increase in unexplained deaths or deaths from respiratory symptoms.
<input type="checkbox"/>	Notify family members or next of kin if any resident tests positive for COVID-19, or if any resident suffers a COVID-19 related death, within 24 hours of such positive test result or death.