Long-term Care Facility COVID-19 Readiness Self-Assessment Checklist	
Visitor and non-essential personnel restriction	
☐	Suspend all visitation except when essential for resident's medical care or for compassionate care (e.g., end of life)
☐	Screen essential visitors for fever and respiratory symptoms upon entry to the facility, provide them with a mask, remind them to perform hand hygiene, and restrict them to the room of their family member.
☐	Suspend non-essential personnel including volunteers and non-essential consultants (e.g., barbers) from facility.
☐	Post signs at entrances advising that no visitors may enter the facility.
☐	Inform family members about visitor restriction. Example letter
☐	Provide alternative methods for visitation (e.g., video conferencing).
☐	Keep residents and families informed about the COVID-19 situation in your facility.
Resident activities and dining	
☐	Cancel communal dining; meal deliveries to residents' rooms if possible or have several shifts for dining to increase space between residents who much be supervised while eating.
☐	Cancel other activity that brings multiple residents together into the same room without adequate spacing (e.g.: physical therapy).
☐	Provide activities on one-on-one basis in the resident's room to the extent feasible.
Resident education and monitoring	
☐	Facility has provided education to resident about COVID-19, how to keep themselves safe, and what the facility is doing to keep them safe. Sample materials
☐	Assesses all residents daily for ☐ fever, ☐ symptoms* of COVID-19 infection, and ☐ oxygen saturation; Have a low threshold for assigning a resident as a suspect case.
☐	Isolate and closely monitor all residents admitted or readmitted from the hospital, who are not known to have COVID-19, for signs and symptoms of COVID-19 for 14 days after admission.
Staff education, monitoring, and assignments	
☐	Provide ongoing staff education and training about: • COVID-19 (e.g., symptoms, how it is transmitted) FAQs • Sick leave policies and importance of not reporting to work, or leaving work, when ill • Adherence to hand hygiene and proper PPE, including updates based on PPE availability.
☐	Screen all staff at the beginning of their shift for: fever (T≥100˚ F), symptoms consistent with COVID-19.
☐	If found to be ill, put a facemask on staff member and send them home or to seek medical care.
☐	Maintain a list of symptomatic staff, how long they are out of work, and testing for COVID-19.
☐	To the extent possible, consistently assign staff to the same resident to limit the number of exposures.
☐	To the extent possible, limit staff assignments across units; especially important for staff working in memory care units and units designated for the care of COVID-19 residents.
☐	Set up break rooms/shifts so social distancing can be followed and remind staff not to congregate.
Personal protective equipment (PPE), other supplies, and locations for COVID-19 patients/residents	
☐	Inventory currently available supplies including hand sanitizer, hand soap, paper towels, gloves, gowns, eye protection (goggles or face shields), face masks, N-95 respirators (if applicable), sanitizing wipes to clean reusable equipment, and hospital-grade disinfectant. Calculate future needs based on number of staff and residents needing supplies.
☐	Know how to order more PPE before you need it; this could include ordering from your usual suppliers, request from professional organization or the local Office of Emergency Management.
☐	Review PPE optimization strategies
☐	With your local/state health department(s), identify a place to house patients/residents with confirmed COVID-19. This may involve a designated facility in the county or creating an area/unit in your facility.
Hand hygiene and environmental disinfection	
☐	Increase availability of alcohol-based hand sanitizer (with 60-95% alcohol) in the facility, ideally: ☐inside each patient's room ☐ outside each patient's room ☐ nursing stations

	☐ with PPE and nursing carts ☐ common areas Regularly refill all dispensers.
☐	Stock all sinks with soap and towels and ensure a system to restock on a regular basis.
☐	Ensure EPA-registered, hospital-grade disinfectant is used. Environmental services personnel perform a thorough daily cleaning, and more frequent cleaning of high-touch surfaces in patient rooms and common areas. EPA List N includes products for use against the virus that causes COVID-19.
☐	Ensure shared non-dedicated equipment (e.g., pulse oximeter, rolling BP cuff) is disinfected after each patient use according to manufacturer's recommendations. Ensure disinfection wipes are accessible.
Mask use and source control	
☐	All staff with resident interaction will wear a facemask while in the facility.
☐	All residents able to comply should cover their noses and mouths with tissue or cloth when staff are in their rooms to provide care.
☐	Residents who regularly leave the facility to receive dialysis or other services will wear a facemask when outside of their rooms, including to go to dialysis, unless a mask is not tolerated.
Testing residents and staff suspected of having COVID-19	
☐	Residents or staff with symptoms consistent with COVID-19 are prioritized for testing.
☐	Call your local health Department immediately to obtain swabs for testing.
☐	More extensive testing can be considered in consultation with the health department.
Taking care of residents with suspected or confirmed COVID-19	
☐	For care of residents with suspect or confirmed COVID-19, facility uses the following PPE: (1) N95 respirator if available (airborne protection) or facemask (droplet protection) (2) eye protection (goggles or face shield) (3) gloves (4) gown
☐	Residents with confirmed or suspected COVID-19 must wear a mask (cloth mask is acceptable for resident use) when staff enter their room, unless a mask is not tolerated.
☐	Post signs on the residents' doors indicating specific PPE needed to enter the room. See examples: contact precautions, droplet precautions, airborne precautions
☐	Needed PPE, hand hygiene supplies, and disinfection wipes available at the door to the resident's room.
☐	Trash can available inside the room near the exit to discard doffed PPE.
☐	If able, use the same level of PPE listed above for care of all residents on the same unit as a suspected/confirmed COVID-19 resident. Use PPE conservation guidelines when implementing this.
☐	Roommates of COVID-19 confirmed cases are considered exposed and should be kept in a single room for 14 days if possible (not housed with an unexposed resident). If single rooms aren't available, pair exposed residents with other potentially-exposed residents, or someone else from the same unit.
☐	Keep other residents in their rooms as much as possible; this room restriction may need to be adapted for dementia or fall risk residents.
☐	Monitor residents at least once per shift. Monitoring must include assessing for ☐ temp, ☐ symptoms* of COVID-19 infection, and ☐ oxygen saturation; other vital signs, lung auscultation may also be included. This will help detect spread of infection more rapidly.
☐	When transferring ill residents, communicate with EMS and receiving hospital about possible COVID-19.
☐	Notify the health department immediately about any of the following: • COVID-19, suspected or confirmed, in a resident or staff • Increase in residents being transferred to the hospital for COVID-19 like-illness • Increase in staff calling out sick for hospital for ILI • Increase in unexplained deaths or deaths from respiratory symptoms

* 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, altered mental status, new dizziness, diarrhea, or sore throat. Identification of any of these symptoms should prompt isolation and further evaluation for COVID-19.