



# COVID-19 READINESS ASSESSMENT TOOL UPDATE FOR LONG TERM CARE FACILITIES

***BASED ON RECENT EXAMPLES AND LESSONS LEARNED***

**ASSISTANCE FOR RESIDENTIAL CARE FACILITIES,  
ASSISTED LIVING FACILITIES, AND  
NURSING FACILITIES  
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**Abstract.** The tips in this update are “lessons learned” from facilities dealing with COVID-19 in Oregon. This tool update was prepared by Safety, Oversight & Quality, an office with the Oregon Department of Human Services. The primary purpose is to assist long term care facilities that have not yet encountered COVID-19 in their facility. This information can help facilities prepare for and respond effectively to a positive COVID-19 event.

## PURPOSE:

Long Term Care facilities (LTC) are at high risk for severe COVID-19 outbreaks due to their congregate nature and vulnerable population. Additionally, a COVID-19 outbreak in these settings represents a significantly higher risk of serious illness and fatality to residents. When COVID-19 is confirmed in an LTC setting, it is essential the facility take immediate action to mitigate the infection and prevent further spread.

To assist facilities prepare for and respond to COVID-19, the [LTCF COVID-19 Response Toolkit](#) was provided by OHA in March, early in the pandemic. As the COVID-19 pandemic has progressed, we have learned a great deal about the virus and how to respond effectively to an outbreak in an LTC setting.

This document supplements that earlier Toolkit, and provides additional guidance, based on recent “lessons learned” from facilities that have experienced COVID-19. Infection can be stabilized in facilities with strong infection control practices, informed staff, residents and families, pre-developed pandemic emergency plans for cohorting residents and policies to ensure staff are appropriately assigned to residents.

## Guidance for LTC facilities based on “lessons learned” during the pandemic:

### EVALUATING RISK FACTORS:

#### 1. STAFFING READINESS

When a COVID-19 infection is confirmed in an LTC setting, some staff may immediately quit or refuse to work.

**Guidance:** Develop a plan beforehand to address reduced staffing. For example, in advance of infection in the facility, some staff with vulnerable individuals at home may agree to work on a COVID-19-negative wing while others will agree to care for COVID-19 positive residents. Consider pay incentives for staff working in COVID-19-positive environments.

As staff come and go daily from the facility, even with screening and careful PPE, there is a risk of staff bringing the COVID-19 infection into the facility with potentially devastating results. Talk to staff about managing the risk of exposure in the community and how to safely work in a COVID-19 environment.

**Specific steps to take:**

- Ensure staff not only use PPE appropriately but that staff understand the reasons for use of protective equipment and the ways in which the virus can spread.
- Ensure trainings, printed materials and instructions are available to all staff in their primary language.
- Ensure staff understand the risks of COVID-19, and how to work safely.
- Establish contracts with multiple staffing agencies and develop incentives and plans to build up your staff resources *before* an outbreak.
- Provide extensive education to staff regarding the risks of exposure, including risks associated with their behavior outside the facility.
- Educate staff on facility's plan to deal with an outbreak.

## 2. ABILITY TO COHORT

**Does your facility have a plan for cohorting residents who test positive?**

**Guidance:** When a COVID-19 infection is found in a facility, it is *essential* that COVID-19-positive and potentially exposed residents be quarantined in a closed environment with fully dedicated staff, separate environmental services, medication passing, meal delivery and other services. Exposure occurs when a resident has been less than 6 feet apart from a COVID-19 positive resident for at least 15 minutes.

In some instances, it may be possible and beneficial to temporarily transfer some COVID-19 positive or exposed residents to other settings to separate them from COVID-19 negative residents and stabilize your facility effectively.

Residents who are COVID-19 negative and not exposed should be separated from COVID-19 positive or exposed residents and cared for by staff who are not providing care to quarantined COVID-19 positive or exposed residents.

**Specific questions:**

- Does your facility have any resident rooms that have 3 or 4 residents in a room? If yes, how many rooms?

- How will you manage residents living in the same room with a resident who is COVID-19 positive?
- How will you quickly establish enclosed quarantine units within your building(s)?
- Do you have rooms available and reserved for immediate cohorting of COVID-19-positive residents?
- Have you developed staffing plans for dedicating employees to isolated areas? (These dedicated staff should care **only** for residents who are in the isolated areas.)

### 3. INFECTION CONTROL PROTOCOLS

COVID-19 spreads quickly and often silently. In many facilities, when an individual tests positive for COVID-19, expanded testing reveals the infection has already spread throughout other areas of the facility.

**Guidance:** Even if you do not have any COVID-19 infections in your facility, staff *must* practice exemplary infection control protocols. Use of personal protective equipment while providing direct care can prevent the infection from spreading before it is identified.

#### Specific questions:

- Have you reviewed all disinfectants and cleaning products to ensure they are adequate for disinfecting and destroying the virus on surfaces? In many instances, traces of COVID-19 have been found on doorknobs, counter tops, carts and other surfaces within facilities.
- Do staff fully understand how to implement your infection control protocols.

### 4. ADEQUATE PPE

**Guidance:** Adequate PPE is critical to help prevent and manage the potential spread of COVID-19 if an outbreak occurs. Keep an extra supply of PPE on hand and regularly update purchasing sources. If your facility does not have adequate PPE, your first step should be to contact your usual supplier. If your supplier cannot provide you with an adequate supply, contact your [local public health authority](#) (LPHA) contact and request assistance. If your LPHA cannot help you obtain adequate supplies, then contact your assigned SOQ Policy Analyst and request assistance. For assistance in optimizing PPE, please see [CDC guidance for optimizing PPE](#).

## 5. TESTING ABILITY

**Guidance:** Ability to access adequate and timely COVID-19 testing is also critical to helping prevent COVID-19 and to minimizing the potential spread, should an outbreak occur. See OHA's website for a variety of resources for testing in LTC facilities: [OHA LTC Testing Information](#).

## 6. ADDITIONAL CONSIDERATIONS

**Guidance:** Some situations have become more prevalent with the COVID-19 pandemic, such as discrimination towards some ethnic groups, behavioral health and substance abuse issues, and an increase in domestic violence.

For additional resources concerning on addressing these issues of discrimination, please go to [DHS Equity Resources](#).

## OTHER RESOURCES:

For information on caring for residents with COVID-19 go to [Oregon Care Partners](#) and click on the COVID-19 Training tab.

### Federal resources:

- [CDC COVID-19 Guidance for LTC Facilities](#)
- [CDC Guidance for Optimizing PPE](#)

### State resources:

- [OHA LTCF COVID-19 Response Toolkit](#)
- [OHA COVID-19 Testing for LTC Facilities](#)
- [How to contact your Local Public Health Authority](#)

### If you have questions for SOQ:

- **Assisted living and residential care facilities** should contact the CBC licensing team at [cbc.team@dhsosha.state.or.us](mailto:cbc.team@dhsosha.state.or.us)
- **Nursing facilities** should contact the NF licensing team at [nf.licensing@dhsosha.state.or.us](mailto:nf.licensing@dhsosha.state.or.us)
- **Adult foster homes** should contact the AFH team at [SOQ.LTCinfo@dhsosha.state.or.us](mailto:SOQ.LTCinfo@dhsosha.state.or.us)

## Questions to Consider Based On COVID-19 Lessons Learned:

- Have you explained to your staff the risks of COVID-19, and described the ways in which the virus can spread?
- Have you explained to your staff why PPE is so important, and trained your staff on how to use PPE appropriately?
- How do you monitor and coach staff on the appropriate use of PPE?
- Have you provided trainings, printed materials and instructions available to all staff in their primary language(s)?
- Have you established contracts with multiple staffing agencies and developed incentives and plans to build up your staff resources *before* an outbreak?
- Do you know how will you quickly establish enclosed COVID-Positive Only or Isolation units within your building(s), should an outbreak occur?
- Do you have rooms available and reserved for immediate cohorting of COVID-19-positive residents?
- Have you developed staffing plans that dedicate employees to isolated areas so that you can avoid having the same staff care for residents who are COVID-19-positive and residents who are COVID-19-negative?
- Have you reviewed all disinfectants and cleaning products to ensure they are adequate for disinfecting and destroying the virus on surfaces?
- Have you trained staff to pay attention to cleaning doorknobs, counter tops, carts and other surfaces that become commonly infected?
- Have you considered using surface testing as a prevention measure?
- Have you provided resources for your staff on how to recognize, avoid, and respond to discrimination, behavioral health and substance abuse issues, and domestic violence?
- Are you aware of the COVID-19 training available through [Oregon Care Partners](#)?