

Coronavirus / COVID-19 SNF Risk Management Checklist

There are a lot of excellent resources available for SNFs providing guidance with regard to clinical prevention and response to COVID-19. We are not endeavoring to offer any suggestions in this regard.

Rather, as lawyers and consultants, we offer our unique voice to the ongoing conversation in order to provide some thoughts about risk management and potential future legal defense. That is, we know that when bad things happen, people (clients, employees, lawyers, the government) will point the finger.

We offer suggestions in this document that are designed to assist SNFs in making sure that they have documentation in place to support that they have followed community standards and best practices in planning for, and potentially responding to, COVID-19.

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Version 1.3

COVID-19 SNF RISK MANAGEMENT CHECKLIST

- Review/Update Infection Control Program (ICP) & Emergency Preparedness (EP) Plan.**
 - Ensure ICP plan adequately addresses the prevention and spread of communicable respiratory illnesses, including influenza and COVID-19, and review EP program to ensure that it adequately addresses “emerging infections”.
 - Develop a plan to address when a resident is suspected of having COVID-19 (*e.g.*, contact local health department for testing and initiate contact precautions),¹ as well as when a confirmed case is diagnosed.
- QAPI.**
 - Conduct ad hoc QAPI and EP meetings to document the review of the ICP and EP.
 - Ensure that the Medical Director and Infection Preventionist sign off.
- Staff Training.** Once the ICP and EP have been reviewed and updated, retrain all staff on infection control principles, including the identification and prevention of COVID-19.
- Illness Policies.** Review your employee illness policies and procedures to ensure they are non-punitive and flexible with respect to allowing sick employees to remain home in accordance with CDC guidance.
- CDC/CMS Updates.**
 - The Infection Preventionist should review the CDC website daily for updates and maintain documentation of that review (*e.g.*, a log or checklist).
 - The Infection Preventionist should review for CMS updates (*e.g.*, via new guidance, QSO letters, etc.)
 - Staff should be updated on any new developments via inservices, as needed.
- Local Health Department Collaboration.** Contact the local health department regarding any recommendations, especially as to when a facility should consider notifying the department or testing a resident who has respiratory symptoms for COVID-19.
- Screening.**
 - Residents.
 - CMS suggests “frequent monitoring of potential respiratory symptoms”.
 - Consider modifying the admission screening process to ask pertinent questions about foreign travel, exposure, and prior medical screenings.

¹ CMS has indicated that nursing facilities do not need to implement airborne precautions and may keep the resident at the facility if the resident does not require hospitalization, and it can maintain all other infection prevention precautions, which would include use of fit-tested NIOSH-approved N95 or higher-level respirator.

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- Restrict/Screen Visitors.
 - Per CMS Guidance and Governor Dewine’s Orders, restrict **all** visitation except in end-of-life situations. If visitors are being allowed in limited circumstances, *actively* screen and *restrict* visitors have signs of symptoms of respiratory infection (fever, cough, sore throat, shortness of breath).
 - Ensure visitors demonstrate proper hand hygiene and use of PPE and follow all protocols, including use of a mask during visitation. Disinfect room after visitation and discourage touching the residents.
 - Document the screening process, education and any restrictive/protective measures implemented.
- Screen Staff.
 - Per CMS Guidance, screen staff for travel to restricted countries in the last 14 days; those with any s/s of a respiratory infection; and those that have been in contact with anyone who tested (+) for COVID-19.
 - Refer to CDC Guidance for exposures that might warrant restricting asymptomatic healthcare personnel from work.
 - Staff with signs and symptoms of any respiratory illness should not report to work and should be removed from work if they become sick at work (they should be given a mask while still in the facility).
 - Inform the Infection Preventionist and contact the local health department as to whether any COVID-19 testing should be considered for symptomatic employee.
 - Communicate information to staff in letter and/or inservice.
- Screen/Restrict Others.
 - Restrict all personnel who “are absolutely necessary for the operation of the home.” Review and revise interactions with other persons, such as vendors, suppliers and other practitioners (e.g., hospice workers, specialists, etc.), and take any necessary action to prevent transmission. Consider limiting entry into the building, if possible, and ensure that those that do enter follow appropriate CDC Guidelines for Transmission-Based Precautions. Everyone who enters the building, including ODH surveyors must be screened.
 - Document efforts to limit contact from others and all screening.
- **Post Signs.** Post signs that address hand hygiene and cough etiquette. These should be at the entrances and throughout the facility, including restrooms, employee breakrooms, and guest lounges.

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- Designated Communication Liaisons.** Designate specific facility personnel to be the point person responsible for communication with public health officials, dissemination of information to staff, and/or providing updates to residents/representatives.
- Communication with Representatives.**
 - Draft an initial letter briefly advising resident representatives that infection control is a priority and what your facility is doing to protect residents. The letter can also serve as part of the “visitor screening” and advise families that they should not visit if they meet any of the above criteria. Address how you will provide updates (*e.g.*, web page, mail, email, phone message, etc.).
 - Add information about visitor screening and restrictions in a visible alert on your facility homepage and/or an introductory message on your facility’s recorded telephone answering system if you have one.
- Disinfection.** Have a process for cleaning and disinfecting shared medical equipment (avoid sharing if possible) and inservice all staff.² (Note: Housekeepers will be interviewed by surveyors on infection control.) Consider disinfecting rooms after outside visits.
- Supplies.**
 - Ensure that the facility has sufficient protective equipment and cleaners (*e.g.*, gloves, gowns, masks, soap, hand sanitizers and cleaning supplies) at all times. This should be checked frequently.
 - Verify that your supplier has adequate equipment and cleaners and verify that they will notify you immediately of any delays, so that you can make alternative arrangements.
 - If you identify a shortage on any supplies, contact the local and state health departments and notify them of the shortage. Follow CDC Guidelines on Strategies for Optimizing the Supply of N95 Respirators, if applicable, including **CDC and CMS Guidance on preserving PPE.**
 - Place additional hand sanitizers throughout the facility.
- Staffing/Medical Services.**
 - Address how you will plan for staffing in the event that workers are sick (*e.g.*, document efforts to contact local staffing agencies and internal plans, such as offering overtime to existing staff, etc.).
 - Consider other issues, such as required notifications and medical leave/payment if they are sick or have been exposed to someone who is sick and must be quarantined.
 - Consider back-up physician services in the event that the Medical Director becomes sick or must be quarantined and is not available.

² Note: Housekeepers will be interviewed by surveyors on infection control.

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- Audits.** Conduct periodic audits to ensure infection control measures are being followed. Include staff interviews to ensure staff understand and can articulate the program/measures and know where to find information and equipment.
- Survey Binder.** Maintain documentation of all of the above efforts (*i.e.*, inservices, logs, postings, letters, contact with local health, etc.) in a binder, so that it can be referred to when needed and provided to surveyors or other government entities upon request.
- Understand CMS Priority for Surveys.**
 - At this time, CMS has put a moratorium on all surveys with the exception of complaint surveys involving abuse or infection control.
 - In the case of a presumed or presumptive positive case of COVID-19, the facility should expect a survey. However, CMS will wait until the CDC has “cleared the facility” before a survey will be authorized.

