

## Delaware County COVID-19 Long-Term Care/Group Home Planning Guide

Name of facility:

Name and position of person(s) submitting plan:

### Facility Information

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1. Facility license number/relevant accreditations

2. Corporate company information (if applicable, include name and contact information)

3. Type of facility (select all that apply)

|                         |                    |                 |
|-------------------------|--------------------|-----------------|
| Assisted living         | Skilled nursing    | Palliative care |
| Memory care             | Independent living | Group home      |
| Other (please describe) |                    |                 |

4. Facility Address

5. Executive Director (name, email, phone number)

6. Director of Nursing (name, email, phone number)

7. Description of units (include names, number of residents, number of occupied rooms, number of unoccupied rooms)

## **Staff Information**

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8. Number of staff (include total and number by position)

9. Do you have a list of staff who will be working with COVID-19 quarantined/isolated patients?

Yes (please submit list with plan. Include names, phone numbers, addresses, position, and unit)

No (please create a list, include names, phone numbers, addresses, positions, and unit)

## **Floor Plan**

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10. Do you have a floor plan of your facility?

Yes (please attach with plan)

No (please describe plan to obtain a floor plan)

## **Staff Health Information**

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11. Describe your entry and screening plan for non-COVID19 staff and any visitors entering the building. Consider PPE being worn from home, how to monitor for symptoms, and sign-in log. Please attach any communication/training given to staff explaining what symptoms they are to monitor.

12. Describe your entry and screening plan for COVID-19 staff entering the building. Consider what entrance will be used, where PPE will be placed, how laundry/food will be handled.

13. Describe steps for employee exclusion if a symptomatic employee is identified.

14. Describe return to work procedure for symptomatic staff.

## **COVID-19 Staff Plan**

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15. Is your staff fit-tested for N95 masks?

Yes. Please provide number fit-tested  
broken down by size of mask

No. Provide plan to get staff fit-tested

16. Identify the quantity of each of the following PPE items

Gowns

Gloves

Surgical masks

Goggles or other eye protection

N95s (indicate sizes)

Alcohol-based hand rubs

Cloth masks for residents

17. Describe what PPE will be used with quarantined, isolated, and symptomatic individuals.

18. Describe your plan for requesting/obtaining additional PPE.

19. Describe where PPE will be kept for COVID-19 staff use (consider both donning and doffing needs as well as if trash receptacles are no-touch).

20. Describe your plan for maximizing PPE.

21. Describe your plan for non-COVID19 staff PPE (include what types of PPE, how it is being obtained and how it is being maximized).

22. Describe your plan for resident PPE (include what types of PPE, how it is being obtained, and how it is being maximized).

23. Do you have training documents for COVID19 staff on proper donning/doffing?

Yes If yes, please attach training documents.

No If no, please indicate how you plan to obtain training documents.

24. Describe your plan for handling staff shortages. Consider shortages in both COVID-19 staff and non-COVID19 staff.

## **Monitoring Residents**

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25. Describe how residents will be monitored for symptoms. Consider those who are under isolation or quarantine as well as those who are not.

26. Describe what symptoms will be included in monitoring.

27. Describe how you will record/store information gathered from patient monitoring.

28. Describe what will happen if you believe a resident is experiencing symptoms. Be as detailed as possible.

## Testing

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29. How will a resident receive testing (if needed). Consider who you would want to be tested, who you will notify and when, who will do the specimen collection and how they will access the resident, and what lab the specimen will be sent to.

30. Describe the type of testing you plan to utilize (if needed). For example, nasopharyngeal (NP) or oropharyngeal (OP) swab.

31. How will test results be communicated to DGHD (consider both positive and negative results).

## **Cohorting COVID19 Units**

32. Describe your plan to cohort (seperate) those needing to be quarantined (exposed to a COVID-19 case but are not symptomatic).

33. Describe your plan to cohort (separate) those needing to be isolated (symptomatic individuals and/or those with a positive test result).

34. Describe your plan to move a resident who may need to be quarantined or isolated.

35. Describe any plans or arrangements you may have to transfer COVID-19 positive residents outside of your facility.

36. Describe your plan to re-admit any residents back into your facility who may have been hospitalized and are currently still under isolation.

37 . Describe your plan to admit any residents into your facility with an unknown COVID-19 status.

38. Describe your plan when a patient is released from isolation or quarantine.

## General Questions

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39. Has a staff person been assigned to monitor public health advisories and guidance (from federal, state, and local levels) and to update facility leadership as needed?

Yes

No. If no, please indicate how facility leadership plans to stay informed about up-to-date guidance and advisories.

40. Are you using any signage to restrict visitors/non-essential staff from entering the building?

Yes. If yes, please attach a copy of signage as well as describe where signage is placed.

No. If no, describe plan for how signage will be developed and where it will be placed.

41. Are you using signage to communicate with residents about the need to social distance or wear a mask?

Yes. If yes, please attach a copy as well as describe where signage is placed.

No. If no, describe plan for how signage will be developed and where it will be placed.

42. Have staff been provided with training materials about social distancing, hand hygiene, and mask use.

Yes. If yes, please attach a copy of training materials.

No. If no, please describe plan to obtain training materials.

43. How will you notify resident families of a positive/probable case in your facility?

44. How do you communicate with your families in general?

45. How will you communicate with the media (relating to COVID-19).

46. How will you share these communication with ODH and DGHD? Consider communications to staff, families, residents, and media.

47. What activities (not including meals) are currently permitted outside of resident rooms? How are social distancing and disinfecting practices maintained?

48. Describe plans to manage and disinfect the following:

a. Laundry

b. Food service  
plates and utensils

c. Medical waste

d. Bed pans

49. What plans are in place to maintain social distancing during meals?

50. Do you have any communal spaces (other than a dining room/area used for meals)?

Yes. If yes, please describe the space as well as how social distancing is maintained in these areas.

No

51. Describe cleaning protocols. Consider what staff is expected to clean, what cleaners are used, how long they must stay on surfaces, frequency of cleaning. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions.

52. Please describe any other details you feel are relevant to your facility's COVID-19 plan.

53. Please describe any concerns and/or questions you feel have not been addressed in this planning template. Refer to the following page for additional guidance.

## Guidance and Resources

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**Delaware General Health District:** <https://delawarehealth.org/covid-19/>

The Health District is able to assist with the following:

1. PPE – The Health District can fit test employees for an N-95 respirator. Employees should not be a case or contact of COVID-19 when being fit tested. Additionally, the Health District can assist with the acquisition of PPE. Some may be available within the County, some may need to be requested through the State. To ensure a smooth process, please complete the burn rate calculator sent out by Health District staff.  
<https://forms.office.com/Pages/ResponsePage.aspx?id=zH9a8he9D0GDdXbkufIUDdLKQYgW8TVGoeerR161FvU9UQU9MVVZCSExHVkxUUIIdKSzVBVDQwVFIBSS4u>
2. Testing – The Health District can assist with testing, in certain circumstances. Any employee that develops symptoms consistent with COVID-19 should receive testing. The Health District will provide test kits for staff who develop symptoms, while supplies last. Residents with symptoms consistent with COVID-19 can be tested by the Health District for up to 5 positive cases to establish an outbreak. If more residents develop symptoms after an outbreak is established they can be classified as probable cases. In case-specific circumstances the Health District may be able to provide for additional test kits and assist with transport for additional resident testing. Limited additional resident testing may be available on a case-by-case basis through the Health District depending on testing supplies and State laboratory guidance.
3. Communication – The Health District has dedicated staff for media relations. The Health District is able to assist manage media relations should an outbreak occur. Joint press releases can be coordinated to establish a unified message to the community.

### **CDC Long-Term Care Guidance:**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

### **CDC Donning and Doffing of PPE:**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

### **CDC Strategies to Optimize PPE:**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

### **Cohorting Guidance:**

<https://drive.google.com/file/d/1j8Ke6w87JKMaKHsFZGlaNXzYr9JvLRRK/view>

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To Contact the DGHD COVID-19 Team: please call 740-203-2020 or email [covid19@delawarehealth.org](mailto:covid19@delawarehealth.org)