PLAN FOR EPIDEMIC OUTBREAK SPECIFIC TO COVID - 19 MITIGATION PLAN REPORT

Facility Name: _____	Facility License Number: _____
Facility Email Address: _____	Facility Telephone Number: _____
Licensee/Administrator: _____	Facility Type: _____
CCLD Regional Office: _____	Date: _____

Instructions: Please complete the Mitigation Plan Report Sections 1-8. Check the boxes under the Requirement column for each item covered in your plan and enter the activities/details for each item in the Requirements section. For each statement left unchecked, please explain your plan in the comments. Blank pages are included at the end of the form for additional space.

- If your facility submitted a plan to a Local Health Department, and has been approved, and has no residents that receive Memory Care services, please submit that approved plan.

- If your facility submitted a plan to a Local Health Department and has been approved **and** your facility has residents that receive Memory Care services, please submit that approved plan **and** *Section 8* of this form.

Completed forms must be signed, dated, and submitted to CCLDFacilityCovidPlan@dss.ca.gov.

For ADPs: Title 22, California Code of Regulations, Section 82061 (a) Upon the occurrence, during the hours the day program is providing services to the client, of any of the events specified in Section 82061(a)(1), a report shall be made to the licensing agency within the agency's next working day during its normal business hours. In addition, a written report containing the information specified in Section 82061(a)(2) shall be submitted to the licensing agency within seven days following the occurrence of the event. (F) Epidemic outbreaks.

For ARFs, ARFPHSNs, CCHs, and EBSHs: Title 22, California Code of Regulations, Section 80061(a): Each licensee or applicant shall furnish to the licensing agency reports as required by the Department, including, but not limited to, those specified in this section. (H) Epidemic outbreaks.

For RCFCIs: Title 22, California Code of Regulations, Section 87861(b): Upon the occurrence, during the operation of the facility, of any of the events specified in (1) below, a report shall be made to the Department on the same day or within the Department's next working day during its normal business hours. In addition, a written report containing the information specified in (2) below shall be submitted to the Department within seven days following the occurrence of such event. (1) Events reported shall include the following: (H) Communicable diseases, as specified in California Code of Regulations, Title 17, Section 2502.

For RCFEs: Title 22, California Code of Regulations, Section 87211 (2)(a) Each licensee shall furnish to the licensing agency such reports as the Department may require, including, but not limited to, the following Occurrences, such as epidemic outbreaks, poisonings, catastrophes or major accidents which threaten the welfare, safety or health of residents, personnel or visitors, shall be reported within 24 hours either by telephone or facsimile to the licensing agency and to the local health officer when appropriate.

For SRFs: Title 22, California Code of Regulations, Section 81061(b): Upon the occurrence, during the operation of the facility, of any of the events specified in Section 81061(b) (1) below, a report shall be made to the licensing agency within the agency's next working day during its normal business hours. In addition, a written report containing the information specified in Section 81061(b)(2) below shall be submitted to the licensing agency within seven days following the occurrence of such event. (1) Events reported shall include the following: (G) Epidemic outbreaks.

My facility will do the following:

Section 1: Screening

Requirement	Evaluation
A. Person in Care ☐ Regularly monitor and document daily: ☐ Temperature checks. ☐ Symptoms of COVID-19. ☐ Change in condition. ☐ Increase monitoring to at least twice per day when there has been a case of COVID-19 in the community in the last 14 days. ☐ Residential facilities should increase monitoring to every 4 hours for residents in isolation or quarantine.	Approved: ☐ Yes ☐ No Comments:

Requirement	Evaluation
B. Staff ☐ Check temperatures and symptoms prior to start of each shift. ☐ Document checks and symptoms.	Approved: ☐ Yes ☐ No Comments:

Requirement	Evaluation
C. Visitors ☐ Facility has a visitation plan. ☐ Checking for temperatures and symptoms upon entering the facility. ☐ COVID-19 sign-age posted. ☐ Masks/face coverings required. ☐ Designated visiting area. ☐ Hand hygiene/hand sanitizer available.	Approved: ☐ Yes ☐ No Comments:

Section 2: Testing

Facility may work with their local health department (LHD) to develop a testing plan for regular testing of persons in care and staff.

Requirement	Evaluation
A. Facilities without COVID-19 ☐ Staff – Surveillance testing in accordance with CCLD Recommendations. ☐ Staff – testing staff during the hiring process. ☐ Persons in care – tested before admission.	Approved: ☐ Yes ☐ No Comments:

Requirement	Evaluation
B. Facilities with COVID-19 ☐ Retesting of all staff and persons in care performed at least every 7 days, until no new cases are identified in two sequential rounds of testing.	Approved: ☐ Yes ☐ No Comments:

Section 3. Quarantine / Isolation / Cohorting

Requirement	Evaluation
A. Residents ☐ Facility has plans to isolate or quarantine residents as needed (who, what, when, how, where, and until when). ☐ Quarantine as “persons under investigation”. ☐ Residents returning from a higher level of care without known exposure but were unable to be tested prior to return to the facility. ☐ Residents exposed to a person with COVID-19 and awaiting test results. ☐ Residents with symptoms of COVID-19 and awaiting test results are isolated. ☐ Residents with active COVID-19 until they are cleared to be released from isolation within time limits.	Approved: ☐ Yes ☐ No Comments:

Requirement	Evaluation
Cohorting ☐ If a dedicated COVID-19 positive unit/wing is unavailable, residents with active COVID-19 are co-horted together. ☐ Single-occupancy rooms may be temporarily used for double occupancy in cohort unit/wing. ☐ Dedicated staff are scheduled to work in the cohort unit/wing. ☐ All residents on quarantine or isolation are checked for general appearance, oxygen saturation if possible, respiratory rate, and symptoms consistent with COVID-19 if every 4 hours. ☐ Residents with any suspected respiratory or infectious illness are isolated (to a single room if possible until a test confirms a COVID-19 positive case at which point they would be moved to the “red” area) and then checked every 4 hours to quickly identify residents who require quarantine or transfer to a higher level of care, such as a hospital.	Approved: ☐ Yes ☐ No Comments:

Requirement	Evaluation
B. Staff ☐ Positive, asymptomatic – **ONLY** allowed to work in designated COVID-19 unit. ☐ Separate breakroom for staff assigned to different cohorts. ☐ If no separate break room available, facility has a schedule in place to allow for cleaning of the break area between use by staff in different cohorts. ☐ Staffing plan to limit transmission, including dedicated, consistent staffing teams assigned in the COVID-19 unit or wing. ☐ All efforts are to be made to have no crossing of staff between designated COVID-19 unit and Clear zone (negative residents). If staff must cross between designated COVID-19 unit and clear zone, they will be fully trained on appropriate use of PPE and donning and doffing between zones and providing care moving from the clear zone to the red zone. ☐ Limit staff interactions to staff assigned to the same cohort.	Approved: ☐ Yes ☐ No Comments:

Section 4: Infection Control/Infection Control Nurse or Lead

Requirement	Evaluation
☐ The facility has designated a person to be responsible for overseeing infection control. ☐ ***Yes*** Name, name of agency (if applicable), and work and home contact information: _____ _____ ☐ ***No*** ☐ If not, need to identify someone and provide training in infection control. ☐ Infection control champion/lead will provide education on infection prevention, training on topics including proper donning and doffing of Personal Protective Equipment (PPE), and monitoring of staff on a regular basis to ensure they are adhering to infection prevention and control guidelines. ☐ The designated infection champion/lead maintains a line list of all persons in care and staff who are suspected or confirmed to have COVID-19. ☐ The designated infection control champion/lead provides education to staff, persons in care, and visitors.	Approved: ☐ Yes ☐ No Comments:

Requirement	Evaluation
Facility has plans for Infection Control: ☐ Proper donning and doffing of PPE. Staff can demonstrate competency of such skills during resident care. ☐ Physical distancing. ☐ Hand hygiene. ☐ Routine and frequent cleaning and disinfection of rooms and common area. ☐ Communal dining or activities. ☐ Isolation rooms: ☐ Clean PPE placed outside the room. ☐ Signs are posted outside of resident's room indicating infection prevention precautions and required PPE per CDC/CDPH guidelines. ☐ Signage on proper donning and doffing of PPE posted outside the room. ☐ Designated medical equipment. ☐ Trash bin inside the room for used PPE. ☐ Meals and medications delivered in the room.	Approved: ☐ Yes ☐ No Comments:

Section 5. Personal Protective Equipment (PPE)

Requirement	Evaluation
☐ All facility staff are wearing a face covering while on the premises. ☐ Persons in care are wearing a face covering (as they are able to tolerate) whenever they leave their room or are around others, including whenever they leave the facility. ☐ Facility has an adequate 30-day supply of PPE (e.g., facemasks, respirators, gowns, gloves, and eye protection such as face shield or goggles) and a list including items on hand or indicating where such items will be acquired (such as a CCL Regional Office) and when. ☐ Facility has a contingency plan to address PPE supply shortages, including extended use and reuse in accordance with CDC guidelines. ☐ PPE is stored in a location that is readily accessible to staff. Location of stored supplies.	Approved: ☐ Yes ☐ No Comments:

Section 6: Staffing

Requirement	Evaluation
☐ Facility has a contingency plan for staffing, in alignment with its emergency preparedness plans, for backup staffing using all resources (e.g., corporate resources, temporary staffing agencies, or other resources) in advance of staff testing to be able to cover shifts based on potential staff quarantines. ☐ Facility has a source for additional staffing needs. ☐ Name of contact person, name of other facility, agency, or other resources and work and home contact information.	Approved: ☐ Yes ☐ No Comments:

Section 7: Communication

Requirement	Evaluation
☐ Facility has plans for when to notify resident's Primary Care Provider (PCP) or call 911. ☐ Facility has plans for communicating with authorized representative. ☐ Provider or staff assigned to contact, if needed, has a contact list including the following: ☐ Name,Title, and work and home contact information. ☐ All necessary agencies and individuals listed below, as applicable. ☐ Local County Public Health Department. ☐ Local Adult/Senior Care Regional Office. ☐ Local County Medical Emergency Services. ☐ Residents' or Clients' Responsible Party or Authorized Representative. ☐ Long Term Care Ombudsman. ☐ Regional Center or Placement Agency. ☐ Assisted Living Waiver Program. ☐ Local County Behavioral Health Agency.	Approved: ☐ Yes ☐ No Comments:

Section 8. Memory Care
(To be completed if you have a dedicated memory care unit or are serving residents with memory care needs)

Requirement	Evaluation
A. Staff ☐ Dedicate staffing to the memory care area and within the memory care area to avoid cross contamination with other sections of the facility and other areas of the memory care area based on care being provided to residents.	Approved: ☐ Yes ☐ No Comments:

Requirement	Evaluation
B. Residents ☐ Remind and assist resident to perform routine hand hygiene, particularly before/after meals and activities. ☐ Remind and assist residents to practice physical distancing where possible. **Environmental Modifications** ☐ Consider markings on the floor in common spaces that indicate where residents can sit or stand. ☐ Consider color-strip barriers, like those in an airport or store, in common spaces to remind residents to avoid areas where they shouldn't be, such as areas where care is being provided to residents with COVID-19. ☐ Arrange furniture in a way that facilitates social distancing, such as replacing couches with individual chairs spaced at least 6 feet apart, or remove chairs from areas where residents are not permitted to sit. ☐ Limit the number of residents in common areas at any one time or space residents at least 6 feet apart as much as possible.	Approved: ☐ Yes ☐ No Comments:

Requirement	Evaluation
Physical Distancing ☐ Model staying out of an individual's space. ☐ Gently remind residents who are able to move on their own when they get too close to other residents or facility staff. ☐ Sending nonverbal "messages" such as facial expression, touch (hand under hand), or gestures. ☐ Redirect residents as necessary.	Approved: ☐ Yes ☐ No Comments:

Requirement	Evaluation
Physical Distancing ☐ Remind and assist residents to wear cloth face coverings (if tolerated) when outside their room or interacting with others. ☐ Utilize face coverings that have a design/fabric styles and fasteners, materials, and themes that are comfortable and appealing to the individual resident (nature, sports teams, hobby, color, animals, holidays, etc.). ☐ If a resident is a lip reader or someone with the resident, such as a caregiver or visitor, needs to read their lips to communicate, a clear FDA-approved mask may be an option. ☐ If residents pull their face covering down, try distraction or positive reinforcement and describe how wearing a face covering helps to stop the spread of germs and keep people well. Consider a breakaway lanyard to prevent mask from landing on the floor or furniture.	Approved: ☐ Yes ☐ No Comments:

Requirement	Evaluation
<u>Physical Distancing</u> (Continued) ☐ If residents are anxious that a mask will stop them from breathing, offer reassurance and show them that it won't. ☐ If residents have had a past experience that might make them fearful about wearing a mask, talk to them about it and try to find ways to reassure them. ☐ Masks distort the ability to recognize faces or facial expressions and more time may be required for residents to understand what is being said or asked. ☐ If a resident takes their face covering off, remind them again to please wear the mask as a memory impaired resident may forget why wearing a mask is important.	Approved: ☐ Yes ☐ No Comments:

Requirement	Evaluation
Physical Distancing ☐ Continue to provide structured activities. ☐ Stagger times throughout the day to facilitate social distancing. ☐ Provide activity opportunities to reduce wandering, for example, exercises in the residents' room/ apartments or walking in hallway or outside. ☐ Break up into smaller groups. ☐ Provide safe alternatives, such as walking with individual residents. **Dining/meals** ☐ Facilitate physical distancing during meals. ☐ Provide necessary assistance/supervision for safety. ☐ Use dedicated dining staff (if applicable). ☐ Use dedicated meal trays/carts for the memory care area.	Approved: ☐ Yes ☐ No Comments:

Requirement	Evaluation
Physical Distancing *Provide Individualized Attention and Help Residents Cope with Isolation* ☐ Anticipate behaviors and plan proactively rather than responding reactively; disruption in routine may be upsetting to residents. ☐ Provide gentle reassurance along with behavioral techniques to a resident who is exhibiting anxiety and agitation. They may require individual assessment by a trained psychologist. ☐ Identify the triggers and time of day undesirable behaviors occur. Know the person: each person may need individualized interventions. Put yourself in the person's shoes. ☐ Try to understand their surroundings from their perspective.	Approved: ☐ Yes ☐ No Comments:

Requirement	Evaluation
<u>Physical Distancing</u> (Continued) *Provide Individualized Attention and Help Residents Cope with Isolation (continued)* ☐ Contact family members who are supportive to explain to the resident the reason for mask wearing, if the resident refuses to wear their mask; a virtual visit or phone call, if visitation is not possible, could be arranged. ☐ Assist residents with self-administration of medication as prescribed; do not overmedicate. ☐ Consider alternative ways to reduce feelings of isolation, e.g., music, art.	Approved: ☐ Yes ☐ No Comments:

Requirement	Evaluation
Physical Distancing ***Quarantine and Isolation in Memory Care*** ☐ When there is one or more active COVID-19 cases in memory care, staff should implement universal use of eye protection and N95 respirators until the case(s) is cleared. ☐ Follow all other recommendations for isolation and testing when responding to active COVID-19.	Approved: ☐ Yes ☐ No Comments:

Additional Mitigation Plan Report Comments (Licensee/Facility only)

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Licensee/Administrator Certification:

I declare that the foregoing information is true and correct to the best of my knowledge.

Licensee/Administrator Signature: _____ Date: _____

** Please sign, date, and submit this form to: CCLDFacilityCovidPlan@dss.ca.gov.

Submit Form ***Print*** ***Save***

Licensing Program Analyst:

I have reviewed and verified this COVID-19 Mitigation Plan Report.

LPA Signature: _____ Date: _____