



## COVID-19 Congregate Care Checklist: Periods With Widespread COVID-19-Like Illness Transmission

For general information on coronavirus disease 2019 (COVID-19), including how to guard against stigma, visit [nyc.gov/health/coronavirus](https://nyc.gov/health/coronavirus) or [cdc.gov/covid19](https://cdc.gov/covid19). For real-time updates, text "COVID" to 692-692. Message and data rates may apply.

This checklist is a companion document to "COVID-19 Guidance for Congregate Settings" found at [nyc.gov/health/coronavirus](https://nyc.gov/health/coronavirus). Administrators or staff at congregate care facilities should use this checklist to confirm the implementation of the recommendations found in the guidance for congregate settings. Specifically, the checklist guides the administrator through three key areas: measures to reduce the spread of COVID-19, recommendations on rooming and isolation of symptomatic residents and best practices on staffing.

**NOTE:** Effective April 15, 2020 at 8 p.m., all employees must wear face coverings when customers (or residents) are present. Employers must provide face coverings for employees at no cost to employees. For more information, please review the [State order](#). Read the State order by visiting [coronavirus.health.ny.gov](https://coronavirus.health.ny.gov) and searching for **executive order 202.16**.

### Preventive Measures to Reduce the Spread of COVID-19

- Signs visible to all staff and residents to stay home or in their rooms if they are sick.
- Signs visible to all staff and residents to cover coughs and sneezes and to wash hands frequently with soap and water.
- Signs visible indicating areas or rooms where symptomatic residents are isolated, and/or areas where ill residents are cohorted together.
- Visitation hours have been cancelled and nonessential visits suspended; families and caregivers informed of this policy and alternative ways to stay in touch.
- Common areas are closed, and all group programming cancelled.
- Any necessary movement of residents is staggered, including a staggered bathing schedule.
- Adequate supplies are provided to residents for healthy hygiene, such as soap, paper towels and tissues, including plastic bags for disposal.
- Trash cans are strategically placed in the doorways of symptomatic resident's rooms and throughout the facility.
- Bathrooms and sinks are stocked with soap and drying material for hands.

- Alcohol-based hand sanitizer is provided around the facility including registration desks, eating areas, entrances and exits.
- Dining rooms are closed, and residents are receiving meals in their rooms. If not possible, eating times are staggered and diners are sitting at least 6 feet apart.
- High touch surfaces are cleaned regularly.
- Residents wear face coverings whenever they leave their room. A face covering is any well-secured paper or cloth (like a bandana or scarf) that covers your mouth and nose.

### **Rooming and Isolation**

- Beds are spaced at least 6 feet apart and arranged head-to-toe; where possible, barriers are placed between beds (i.e., foot lockers, dresser or curtains).
- Common spaces converted to sleeping areas as needed to spread people out.
- Staff are monitoring resident health and move residents immediately into the areas designated for COVID-19-like illness (CLI) at first sign of illness. Symptoms of CLI commonly include fever, cough, sore throat or shortness of breath. Some people also report the loss of a sense of taste or smell, feeling achy, headache or diarrhea.
- Residents with CLI are isolated immediately from residents that are not ill and isolation areas are clearly marked. Strategies to achieve separation include:
  - If residents share a room and one has CLI, separate them.
  - If there are large, shared sleeping areas, designate one area for residents with CLI and one area for those without symptoms.
  - If your building has sleeping areas with multiple floors, designate one floor for residents with CLI and one floor for residents without symptoms.
  - If you have multiple buildings, designate one building for residents with CLI and one building for residents without symptoms.
  - Utilize alternate spaces (e.g., spaces previously designated for group events) as needed.
- Bathrooms have been designated as either bathrooms for residents with CLI or bathrooms for residents that are not ill.

### **Staffing**

- Staff are identified as either working with isolated residents with CLI or residents that are not ill. Do not float staff between units.
- Staff have been educated about the symptoms of CLI and how to report CLI at the first sign of illness.
- Staffing challenges have been anticipated and planned for.

- Staff not required to use a face mask as part of routine personal protective equipment (PPE) must wear a face covering to cover their nose and mouth. A face covering is any well-secured paper or cloth (like a bandana or scarf) that covers your mouth and nose.

**The NYC Health Department may change recommendations as the situation evolves.**

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