

COVID-19 Guidance Documentation KEYS

Items to record and/or copy and put in *COVID-19 Response File*. This will enable you to best demonstrate the actions you have taken (and continue to take) in response to the pandemic. If you are part of a multi-facility operation, it is our recommendation that the corporate team (regional director of operations, chief compliance officer, whomever) get an updated copy of the entire file for each facility every other week. We also recommend that you identify these materials in your record retention policy with a “**Do Not Destroy**” destruction date.



Organizations may choose to do this under privilege (QA or Attorney Client Work Product.) Please consult your corporate counsel and leadership to evaluate best approach for your organization.

This *COVID-19 Response File* should contain the following in addition to anything you think may help illustrate the actions you have taken at a time when that may be necessary.

- Copy of the Infection Prevention policy, with date of all subsequent changes, and copies of any reference materials (federal, state, county health department guidance utilized to develop training materials).
- Copies of all letters sent to families. If a verbal method of communication was used such as group calls or robocalls, keep a log of those calls made including which facility staff member was the speaker and if possible, the script or notes from each call.
- Copies of letters/emails/social media posts by resident, family and staff, including positive posts.
- Attempts to bring in additional staff: Recruiting and Bonus options
- Records on Training on Infection Prevention measures, including the use of and steps to properly put on and remove recommended PPE. Include date of training, sign in sheets, copy of training outline, and any reference materials (federal, state, county health department guidance utilized to develop training materials.) Include competency checklists for each employee on donning and doffing PPE. You should also document efforts to monitor / audit staff member compliance with infection control training and PPE usage.
- Employee screening (temperature checks) policy and any records kept in a confidential folder (HIPAA)
- PPE Efforts
 - Specify gowns, gloves, eye protection or N95 masks. Each employee to initial each shift indicating they were provided with PPE.
 - Keep copies of emails sent and received, notes, etc. documenting each and every one of your attempts to secure this including phone logs / documentation of both successful and unsuccessful attempts
- Facebook / media posts (screenshots if necessary)
- Updates to website including family / resident notification of cumulative cases and steps to mitigate spread
- All notifications to residents, families, staff of individual(s) testing positive for the virus.
- Any other screening documents of any kind (residents, visitors, vendors, contractors)

Resident-Specific Documentation Recommendations

- Develop and Implement clear policy for vital signs for COVID-19 positive, COVID-19 suspected, and Asymptomatic residents. **If COVID-19 positive or COVID-19 suspected, you should take and document in the EHR vital signs per shift** for all levels of care (skilled, memory care, assisted living). Pulse oximetry is recommended however not required.
- **Notification to local Health Department** of either suspected or confirmed COVID-19. The progress notes should reflect when the infection preventionist was notified.
- **Notification to the resident's representative and to the physician** of suspected or confirmed COVID-19. ***Maintain copy of anything written that was sent via mail or email*** in the medical record. Whether communication was verbal or written, please ensure it is documented in the ***progress notes***.
- **Create a timeline** of your organization's adoption and implementation of all federal, state, county health department guidance, and ***retain copies of all guidance relied upon***. You should consider creating the timeline under privilege (QA or Attorney-Client). Please consult your corporate counsel and leadership to evaluate the best approach for your organization.

Facility Name: _____

County: _____

State: _____

Date	Event
	Non-essential Visitors Restricted
	Visitor Restrictions Lifted
	Group Activities in Common Areas Stopped
	Group Activities in Common Areas Resumed
	Communal Dining Stopped
	Communal Dining Resumed
	Temperature Checks / Other Staff Screening Methods Implemented
	Staff Screening Ended
	Contact initiated with County Health Department
	First Test Administered
	Mandatory facility-wide resident testing ordered (state) if applicable
	Mandatory facility-wide resident testing completed
	Mandatory facility-wide staff testing ordered (state) if applicable
	Mandatory facility-wide staff testing completed
	Regular Communication to Residents Initiated How Frequently?
	First Positive Test of Resident
	COVID-19 Unit Established
	COVID-19 Unit Closed
	Regular Communication to Families Initiated How Often? What Format (i.e. website, letters, emails, text, etc.)?
	First Positive Test of Staff
	First Acceptance of Known COVID-19 Positive Resident from Hospital
	State Closed Schools (if applicable)
	State Reopened schools
	State Issued Stay at Home Order (if applicable)
	State Stay at Home Order Loosened (if applicable)
	State Stay at Home Order lifted
	First Positive Test in your County
	Agency Staffing Use Introduced
	Agency Staffing Use Discontinued
	CMS Phase 2 Begun (May 18 CMS Memo: Nursing Home Reopening Recommendations); skilled only (14 days with no new cases)
	CMS Phase 3 Begun (May 18 CMS Memo: Nursing Home Reopening Recommendations); skilled only (14 days with no new cases)