

April 1, 2020

To: Congregate Care Facilities

Re: Agency COVID-19 Plan and Fidelity Review

The health, safety and well-being of all our youth in care and all of our child welfare staff at DCFS and partner agencies, along with our ability to continue to protect children in every corner of the state, are our top priorities. As an added support, we have created a checklist that identifies key areas that congregate care facilities should include in their COVID-19 Action Plan. We understand that these plans continue to evolve and be updated as new issues and information arise and will commit to being flexible and adaptive as new circumstances come to bear.

- **Residential ILO/TLP Monitors** will use this tool to review an agency's plan and ensure the plan includes essential risk mitigating activities and preparedness in the event of confirmed COVID-19.
- **Congregate Care Facilities** should use this tool to self-assess the strengths and weaknesses of current preparedness efforts.

We believe the *process* in which this tool is used is more important than the tool itself.

Information is provided via links to websites throughout this document. However, it will be necessary for residential agencies to actively obtain information from their Illinois Department of Public Health (IDPH) Regional Office and the Centers for Disease Control and Prevention (CDC) to ensure that the facility's plan complements other community and regional planning efforts. Should you have any questions or concerns, please contact your assigned residential monitor or me directly at Ashley.Deckert@illinois.gov.

Sincerely,

Ashley Deckert, MSW, MA
Deputy Director, Division of Monitoring
Illinois Department of Children & Family Services

Agency COVID-19 Action Plan and Agency Fidelity Review

| Agency COVID-19 Plan and Fidelity Review | |
|--|-------------------------------------|
| Agency: | Date: |
| Program/Unit(s): | Agency COVID-19 Coordinator: |
| Monitor: | |

This checklist identifies key areas that Congregate Care Facilities should include in their COVID-19 Action Plan. **Residential ILO/TLP Monitors** must use this tool to review an agency’s plan and ensure it includes essential risk mitigating activities and preparedness in the event of confirmed COVID-19. **Congregate Care Facilities** should use this tool to self-assess the strengths and weaknesses of current preparedness efforts. This plan must be updated every 6 months to ensure individuals and roles identified are current.

Additional information is provided via links to websites throughout this document. However, it will be necessary to actively obtain information from their Illinois Department of Public Health (IDPH) Regional Office (see <http://www.dph.illinois.gov/contact-us/idph-regional-health-departments>) and the Centers for Disease Control and Prevention (CDC; <https://www.cdc.gov/>) to ensure that the facility’s plan complements other community and regional planning efforts.

Generally, a plan should include efforts to:

- Prevent the introduction of COVID-19 and other respiratory pathogens INTO the program
- Rapidly identify youth and staff with respiratory illness
- Prevent the spread of COVID-19 and other respiratory pathogens WITHIN and BETWEEN residential programs
- Manage and isolate youth and staff with suspected or confirmed COVID-19
- Be familiar with infection control guidance
- Consider planning and needs to accommodate youth and staff with possible COVID-19 exposure

FOR RESIDENTIAL ILO/TLP MONITOR USE:

Indicate Yes or No to indicate implementation of the following COVID-19 plan elements. If “No” is checked, comments must be provided.

| COVID-19 Action Plan Elements | Identified | Comments |
|---|---|----------|
| 1. Agency developed a plan to address the recognition and management of individual COVID-19 to prepare for the possibility of widespread community transmission and submitted this plan to: DCFS.COVIDPlans@Illinois.gov | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. The plan identifies a multidisciplinary planning committee or team to specifically address COVID-19 preparedness planning. The team should include | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| COVID-19 Action Plan Elements | Identified | Comments |
|---|--|----------|
| <p>a medical professional (e.g., a nurse or physician). (Includes name, title and contact information of committee members)</p> | | |
| <p>3. The plan identifies the person responsible for coordinating preparedness planning, hereafter referred to as the COVID-19 response coordinator. (Includes name, title and contact information)</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | |
| <p>4. The plan identifies the person(s) authorized to implement the plan and the organizational structure that will be used.</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | |
| <p>5. The plan identifies that nursing support, if available, is sufficiently resourced, i.e. able to contribute to these initiatives in addition to regular duties (dispensing meds, training staff around dispensing, med storage, etc.) If nursing resources are not available, identifying a plan to consult, as needed, with DCFS chief nurse, IDPH, or contracting with a nursing provider.</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | |
| <p>6. The plan identifies how the agency will protect youth, staff and visitors from respiratory infections, including COVID-19.</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | |
| <p>7. The plan identifies mechanisms for access to public health and other critical information needed for situational awareness, including DCFS, CDC and IDPH websites.</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | |

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| COVID-19 Action Plan Elements | Identified | Comments |
|---|---|----------|
| 8. The plan identifies key public health points of contact during a COVID-19 outbreak (Should include name, title, and contact information for each.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. The plan identifies who has the responsibility for monitoring public health advisories (federal and state) and updating the COVID-19 response coordinator and members of the COVID-19 planning committee when COVID-19 is in the geographic area. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. The plan identifies a process for inter-facility transfers that includes notifying transport personnel and receiving facilities about a resident's suspected or confirmed diagnosis (e.g., presence of respiratory symptoms or known COVID-19) prior to transfer. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. The plan has a system to monitor for, and internally review, development of COVID-19 among youth and staff in the facility. Information from this monitoring system is used to implement prevention interventions (e.g., isolation, quarantining, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12. The plan outlines that the facility has infection control policies that outline the recommended Transmission-Based Precautions (TBP)* that should be used when caring for youth with respiratory infection (see below resource related to TBP). | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13. The plan identifies the person responsible for communications with staff, youth, and their families | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| COVID-19 Action Plan Elements | Identified | Comments |
|---|---|----------|
| regarding the status and impact of COVID-19 in the facility. | | |
| 14. The plan should include how signs, phone trees, and other methods of communication will be used to inform staff, family members, visitors and other persons coming into the facility (e.g., consultants, sales and delivery people) about the status of COVID-19 in the facility. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 15. The plan identifies a process to identify and manage youth with symptoms of respiratory infection (e.g., cough, fever, sore throat), which includes implementation of appropriate Transmission-Based Precautions. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 16. The plan sets forth criteria and a protocol for initiating active surveillance for respiratory infection among youth and healthcare personnel. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17. The plan identifies how to immediately notify IDPH for clusters of respiratory infections, severe respiratory infections or suspected COVID-19. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 18. The plan sets forth criteria and a protocol for: limiting symptomatic and exposed youth to their room, halting group activities and communal dining and closing units to new admissions. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. The plan has criteria and a process for isolating youth with symptoms of respiratory infection, including dedicating staff to work only on affected units. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|---|----------|
| 20. The plan includes a quarantine plan for youth and staff exposed to, or confirmed positive for, COVID19. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 21. The plan has criteria and protocol for when visitors will be limited or restricted from the facility. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 22. Should visitor restrictions be implemented, the plan has a process to allow for remote communication between the resident and visitor (e.g., video-call applications on cell phones or tablets) and has policies addressing when visitor restrictions will be lifted. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23. The plan includes a process to ask pre-screening questions of staff for fever and symptoms when they report to work. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24. The plan includes a process for monitoring and assigning work restrictions for ill and exposed staff. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25. The plan includes detail about education and training to staff, youth, and family members of youth to help them understand the implications of, and basic prevention and control measures for, COVID-19. Consultant Health Care Professionals (HCP) should be included in education and training activities. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 26. The plan identifies a contingency staffing plan that includes minimum staffing needs and prioritizes critical and non-essential services based on youth's health status, functional | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| COVID-19 Action Plan Elements | Identified | Comments |
|--|---|----------|
| limitations, disabilities, and essential facility operations. | | |
| 27. The plan identifies a person who has been assigned responsibility for conducting a daily assessment of staffing status and needs during a COVID-19 outbreak. (Name, title and contact information is included) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 28. The plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Additional Comments:

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**For Congregate Care Agency Use:
CONGREGATE CARE FIDELITY REVIEW:**

| Fidelity Review | Completed | In Progress | Not Started | Comments |
|--|-----------|-------------|-------------|----------|
| 1. A copy of the COVID-19 preparedness plan is available at the facility and accessible by staff. | | | | |
| 2. Understanding that federal, state, regional or local plans for COVID-19 or pandemic influenza are ever changing, a process is in place for monitoring and communicating changes and is incorporated into the facility’s plan. | | | | |
| 3. Contact information for family members or guardians of facility youth is up to date. | | | | |
| 4. Communication plans include how signs, phone trees, and other methods of communication will be used to inform staff, family members, visitors and other persons coming into the facility (e.g., consultants, sales and delivery people) about the status of COVID-19 in the facility. | | | | |
| 5. A list has been created of other healthcare entities and their points of contact (e.g., other residential facilities, local hospitals and hospital emergency medical services, relevant community organizations—including those involved with disaster preparedness) with whom it will be necessary to maintain communication during an outbreak. | | | | |
| 6. Considering safety and licensing rules, staff have access to alcohol-based hand sanitizer for hand hygiene and closely monitor its use by youth when dispensed. | | | | |
| 7. Sinks are well-stocked with soap and paper towels for hand washing. | | | | |

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| Fidelity Review | Completed | In Progress | Not Started | Comments |
|---|-----------|-------------|-------------|----------|
| 8. Signs are posted immediately outside of resident rooms indicating appropriate precautions and required personal protective equipment (PPE). | | | | |
| 9. If available, facility provides tissues and facemasks for coughing people near entrances and in common areas. | | | | |
| 10. If available, necessary PPE is prioritized for any resident with symptoms or confirmed COVID-19. | | | | |
| 11. Staff have access to EPA-registered, hospital-grade disinfectants to allow for frequent cleaning and disinfecting. | | | | |
| 12. The facility has a process to monitor supply levels such as disinfectants, gloves, masks, soap, hand sanitizer, garbage bags, etc. | | | | |
| 13. Staff are aware of sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill staff to stay home. | | | | |
| 14. Daily staff screening for fever and symptoms when they report to work. | | | | |
| <p>15. Plans and material have been developed for education and job-specific training of milieu staff including information on recommended infection control measures to prevent the spread of COVID-19, including:</p> <ul style="list-style-type: none"> • Signs and symptoms of respiratory illness, including COVID-19. • How to monitor youth for signs and symptoms of respiratory illness. • How to keep youth, visitors, and staff safe by using correct infection control practices, including proper hand hygiene and selection and use of PPE. Training should include demonstrations to document competency. • Staying home when ill. • Employee leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious youth contact). | | | | |

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| Fidelity Review | Completed | In Progress | Not Started | Comments |
|--|-----------|-------------|-------------|----------|
| 16. Youth with COVID-19 symptoms are appropriately isolated (i.e., placed in separate room with door closed with access to hand washing stations and or alcohol-based sanitizers and facemasks). | | | | |
| 17. Consultation with DCFS nurse in contact area and medical professionals is conducted to assess the symptoms of a youth with COVID-19. | | | | |
| 18. Updates are provided to staff and youth of changes in prevention measures and medical treatment protocols. | | | | |
| 19. Evidence is observed of appropriate housekeeping practices (clean surfaces, waste baskets placed and emptied, adequate ventilation). | | | | |
| 20. Social distancing is practiced within the program and between units when feasible. | | | | |
| 21. Ratio is adequate to provide supervision and oversight of youth, with consideration of the current level of acuity. | | | | |
| 22. The schedule includes a variety of activities adequate to provide structure and predictability. | | | | |
| 23. The schedule includes time for completing academic activities. | | | | |
| 24. The schedule includes therapeutic activities. | | | | |

Additional Comments:

Resources

In general, for undiagnosed respiratory infection, Standard, Contact, and Droplet Precautions with eye protection are recommended unless the suspected diagnosis requires Airborne Precautions; see: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>.

For recommended Transmission-Based Precautions for youth with suspected or confirmed COVID-19, the policies refer to CDC guidance; ***Transmission-Based Precautions (TBP)**.

Special Factors: Private room or rooms with a youth who has a similar diagnosis. Youth should stay in room except for medically necessary procedures or therapies. Gloves for any contact with youth or touching

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anything in the room. Gown if it is likely that clothing will be in contact with any youth or any surfaces in the youth care environment see: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>)