

**MUNICH RE SPECIALITY INSURANCE
SENIOR LIVING FACILITY PROFESSIONAL AND GENERAL LIABILITY INSURANCE
SUPPLEMENTAL COMMUNICABLE DISEASE MANAGEMENT QUESTIONNAIRE
(Nursing Homes, Assisted Living, Residential Facilities)**

Please complete a separate supplemental communicable disease management questionnaire for **each location** that you are requesting coverage. Carefully review and fully answer each of the following questions completely.

1. Facility Name: _____
 Facility Address: _____
 City: _____ State: _____ Zip Code: _____

What is the confirmed number of resident Covid-19 related cases, recovered cases and Covid-19 related deaths at the facility?
 _____ cases _____ recovered cases _____ deaths

- 2. COVID-19 preparedness has been incorporated into emergency management planning for the facility.. Yes No
- 3. A multidisciplinary planning committee/team addresses COVID-19 preparedness planning? Yes No
- 4. A copy of the COVID-19 preparedness plan is available at the facility and accessible by staff?..... Yes No
- 5. Federal, state, regional, & local plans for pandemics are reviewed & incorporated into facility’s plan?... Yes No

The facility plan identifies the person(s) authorized to implement the plan and the organizational structure that will be used for protecting residents, healthcare personnel (HCP), and visitors from respiratory infections, including COVID-19 and addresses the elements that follow:

General

- A person has been assigned responsibility for monitoring public health advisories (federal/state/local) and updating the COVID-19 response coordinator and members of the COVID-19 planning committee when COVID-19 is in the geographic area. Yes No
- The facility has 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. Yes No
- The facility has a system to monitor for, and internally review, development of COVID-19 among residents and HCP in the facility. Information from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting, etc.). Yes No
- The facility has infection control policies that outline the recommended ‘Transmission Based Precautions’ that should be used when caring for residents with respiratory infection. Yes No
- The facility periodically reviews specific infection prevention and control guidance for healthcare facilities caring for residents with suspected or confirmed COVID-19 and specific long-term care guidance. Yes No

Facility Communications

- Key public health points of contact during a COVID-19 outbreak have been identified. Yes No
- A person has been assigned responsibility for communications with public health authorities during a COVID-19 outbreak. Yes No
- A person has been assigned responsibility for communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility. Yes No
- Contact information for family members or guardians of facility residents is up to date. Yes No
- 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. Yes No
- A list has been created of other healthcare entities and their points of contact (e.g., other long-term care and 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 the course of an outbreak. Yes No
- A facility representative(s) has been involved in the discussion of local plans for inter-facility communication during an outbreak. Yes No

Supplies and resources

- The facility provides supplies necessary to adhere to recommended infection prevention and control practices including:
 - Alcohol-based hand sanitizer is available in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym). Yes No
 - Sinks are well-stocked with soap and paper towels for hand washing. Yes No
 - Signs are posted immediately outside of resident rooms indicating appropriate infection prevention and control measures are followed and require personal protective equipment (PPE). Yes No
 - Facility provides tissues and facemasks for coughing people near entrances and in common areas with no-touch receptacles for disposal. Yes No
 - Necessary PPE is available immediately outside of the resident room and in other areas where resident care is provided. Yes No
 - Facility has supplies of facemasks, respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP), gowns, gloves, and eye protection. Yes No
 - Trash disposal bins are positioned near the exit, inside of the resident room, to make it easy for staff to discard PPE after removal, prior to exiting room, or before providing care for another resident in the same room. Yes No
 - Facility ensures HCP have access to EPA-registered hospital-grade disinfectants to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. Yes No
 - The facility has a process to monitor all supply levels. Yes No
 - The facility has a contingency plan, that includes engaging their health department and healthcare coalition when they experience (or anticipate experiencing) supply shortages. Yes No

Identification and Management of Ill Residents

- The facility has a process to identify and manage residents with symptoms of respiratory infection (e.g., cough, fever, sore throat) upon admission and daily during their stay in the facility, which include implementation of appropriate 'Transmission-Based Precautions.' Yes No
- The facility has criteria and a protocol for initiating active surveillance for respiratory infection among residents and healthcare personnel. Yes No
- Plans are developed on how to immediately notify the health department for clusters of respiratory infections, severe respiratory infections, or suspected COVID-19. Yes No
- The facility has criteria and a protocol for: limiting symptomatic and exposed residents to their room, halting group activities and communal dining, and closing units or the entire facility to new admissions. Yes No
- The facility has criteria and a process for cohorting residents with symptoms of respiratory infection, including dedicating HCP to work only on affected units. Yes No

Considerations about Visitors

- The facility has plans and material developed to post signs at the entrances to the facility instructing visitors not to visit if they have fever or symptoms of a respiratory infection. Yes No
- The facility has criteria and protocol for when visitors will be limited or restricted from the facility. Yes No
- Should visitor restrictions be implemented, the facility 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 (e.g., end of life situation). Yes No

Occupational Health

- The facility has sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill HCP to stay home. Yes No
- The facility instructs HCP (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection, as a part of routine practice. Yes No
- The facility has a process to actively screen HCP for fever and symptoms when they report to work. Yes No
- The facility has a process to identify and manage HCP with fever and symptoms of respiratory infection. Yes No
- The facility has a plan for monitoring and assigning work restrictions for ill and exposed HCP. Yes No
- The facility has a comprehensive respiratory protection plan that includes medical evaluation, training, and fit testing of employees. Yes No

Education and Training

- The facility has plans to provide education and training to HCP, residents, and family members of residents to help them understand the implications of, and basic prevention and control measures for COVID-19. Yes No

- A person has been designated with responsibility for coordinating education and training on COVID-19 (e.g., identifies and facilitates access to available programs, maintains a record of personnel attendance). Yes No
- Language and reading-level appropriate materials have been identified to supplement and support education and training programs to HCP, residents, and family members of residents, and a specific plan includes the procedure for obtaining these materials. Yes No
- Plans and material developed for education and job-specific training of HCP which includes information on recommended infection control measures to prevent the spread of COVID-19, include:
 - Signs and symptoms of respiratory illness, including COVID-19. Yes No
 - How to monitor residents for signs and symptoms of respiratory illness. Yes No
 - How to keep residents, visitors, and HCP safe by using correct infection control practices including proper hand hygiene and selection, use, maintenance and disposal of PPE, incorporating return demonstrations to document competency. Yes No
 - Staying home when ill. Yes No
 - HCP sick leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact). Yes No
- The facility has a plan for expediting the credentialing and training of non-facility HCP brought in from other locations to provide resident care when the facility reaches a staffing crisis. Yes No
- Informational materials (e.g., brochures, posters) on COVID-19 and relevant policies (e.g., suspension of visitation, where to obtain facility or family member information) have been developed or identified for residents and their families. These materials are language and reading-level appropriate, and a plan is in place to disseminate these materials in advance of the actual pandemic. Yes No

Surge Capacity

Staffing

- A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations. Yes No
- A person has been assigned responsibility for conducting a daily assessment of staffing status and needs during a COVID-19 outbreak. Yes No
- Legal counsel and state health department contacts have been consulted to determine the applicability of declaring a facility "staffing crisis" and appropriate emergency staffing alternatives, consistent with state law. Yes No
- The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis. Yes No

Consumables and durable medical equipment and supplies

- Estimates have been made of the quantities of essential resident care materials and equipment (e.g., intravenous pumps and ventilators, pharmaceuticals) and personal protective equipment (e.g., masks, respirators, gowns, gloves, and hand hygiene products), that would be needed during an eight-week outbreak. Yes No
- Estimates have been shared with local, regional, and tribal planning groups to better coordinate efforts and plan stockpiling agreements. Yes No
- A plan has been developed to address likely supply shortages (e.g., personal protective equipment), including strategies for using normal and alternative channels for procuring needed resources. Yes No
- A strategy has been developed for how priorities would be made in the event there is a need to allocate limited resident care equipment, pharmaceuticals, and other resources. Yes No
- There is a process to track/report available quantities of consumable medical supplies including PPE. Yes No

Postmortem care

- A contingency plan has been developed for managing an increased need for postmortem care and disposition of deceased residents. Yes No
- An area in the facility that could be used as a temporary morgue has been identified. Yes No
- Local plans for expanding morgue capacity have been coordinated with local and regional partners. Yes No