Translate **T**RSS

	idential Care Home COVID-19 Preparedness W ed to show this form to any case manager, CTA oversight personnel requesting it.		r or any other
Has anyone in the home been	exposed to a COVID-19 positive person withi	n the past 14 days?	
Has anyone in the home traveled outside of the state or come into the state within the past 14 days?			days?
Is anyone in the home under self-isolation or quarantine orders?			
Does the home have adequate food/hydration for clients, standard precaution and infection control supplies?			ntrol supplies?
How frequently are commonly	y touched surfaces being disinfected?		
What is the home using as a disinfectant and what are the directions on the manufacturer's label for proper disinfecting (is it actually an EPA approved disinfectant for viruses?)			el for proper
What is the homes isolation p	lan should someone become infected in the h	ome including the c	aregiver?
How is the home social distan	cing without isolating clients to their rooms?		
What kinds of activities are be	ing offered to clients?		
How often are clients being ta clients?	ken outdoors for fresh air and sunshine which	n is important for the	e health of
How is the home handling visi and family?	itation for clients to ensure clients have freque	ent contact with the	ir loved ones
Are tissues available for visito	rs and residents with no touch receptacles for	disposal?	
Are hand washing supplies inc visitors to use frequently?	cluding soap and paper towels and/or hand sa	nitizer available for	residents and
Is the home screening visitors	when visitors come to the home and are sign	s posted?	
Have all household members, described from the CDC webs	caregivers and residents been educated abouite.	It the facts of COVID	-19 as
	he printable materials available from the CDC virus/2019-ncov/communication/factsheets.h		
	nager first before taking any client to the ER for y care providers and Urgent Care Centers sho		
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	Mailing address: 500 Ala Moana Blvd, Suite 7-400, Honolulu, HI 96813		