

# COVID-19



The National Long-Term Care  
Ombudsman Resource Center

## Recovery and Reentry Resources

For Long-Term Care Ombudsman Programs



## Ombudsman Program Requirements Regarding COVID-19 - Acknowledgment Form

### Purpose and Instructions for State Ombudsmen

The purpose of this *Ombudsman Program Requirements Regarding COVID-19 Acknowledgment Form* (acknowledgment form) is to provide Ombudsman programs with a template and a method to ensure that representatives of the Office have completed all required training and screening criteria prior to conducting facility visits. Outlined below are approaches that a State Ombudsman can use to monitor and assure that representatives are prepared to resume facility visits.

The COVID-19 Acknowledgement Form serves as a:

- Verification of completion of required training,
- Confirmation of Ombudsman representative preparedness to resume facility visits, and
- Receipt for appropriate supply of face coverings, sanitizing kits, and/or healthcare personnel personal protective equipment (PPE).

Instructions to State Ombudsmen for using this Template:

- Determine who provides the training and who collects the *Ombudsman Program Requirements Regarding COVID-19 Acknowledgement Form*.
- Develop a tracking system to ensure that representatives complete the training; read, understand, and agree to applicable policies and procedures; sign and submit the acknowledgment form prior to visiting. For example, depending on the size of the state and organizational structure you may want these maintained at the state Office or at each local Ombudsman entity; or ask the local Ombudsman entity to send a copy.
- Specify on the form the type of face covering, sanitizing kit, and/or healthcare personnel personal protective equipment (PPE) such as, surgical face masks, gloves, goggles, face shields, etc. that will be provided to representatives, and when and how to use them.
- Refer to [NORC's Recovery and Reentry Resources](#) regarding visits and safety for more information regarding face coverings and PPE.
- Amend this form to accommodate trainings provided to your representatives or additional requirements.

Training and screening recommendations are outlined on page 2. State Ombudsmen may want to adapt this based on their specific program needs and use page 2 as instructions for staff responsible for carrying out the training and screening. The *Ombudsman Program Requirements Regarding COVID-19 Acknowledgement Form* is on page 3.

## Training and Screening Objectives

Prior to resuming facility visits, the program must ensure that representatives:

- Complete approved trainings on the proper use of face coverings and/or healthcare personnel PPE and basic infection control.
- Demonstrate competencies in the donning and doffing of face coverings and/or healthcare personnel PPE.
- Receive a copy of the relevant COVID-19 policies and procedures.
- Understand and agree to follow Ombudsman program additional policies and procedures in the performance of duties during the COVID-19 pandemic and will commit to staying abreast of updates or changes from the Office of the State Long-Term Care Ombudsman.
- Know when to consult with their supervisor and/or State Ombudsmen as needed regarding visiting, complaint handling, and safety during the pandemic.
- Show readiness to resume facility visits safely.

## Recommended Training

1. How to complete the *COVID-19 Symptom Self-Assessment and Affirmation Form*.
2. Infection control training provided or arranged by the Office of the State Long-Term Care Ombudsman program.
3. Centers for Disease Control and Prevention (CDC) video: [How to Wear a Cloth Face Covering](#)
4. CDC video about donning PPE: [How to Safely Put on Personal Protective Equipment \(PPE\)](#)
5. CDC video about doffing PPE: [How to Safely Take Off Personal Protective Equipment \(PPE\)](#)
6. CDC video: COVID-19: [Visiting Friends and Family with Higher Risk for Severe Illness](#)
7. Program policies and procedures specific to COVID-19 and for visiting long-term care facilities. Issues that require immediate communication with supervisor or state Ombudsman Office.
8. Insert any other program guidance.

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Representative Name: \_\_\_\_\_

Date Completed	Training, Competencies, Receipt of Supplies	Comments
	Viewed <a href="#">How to Wear a Cloth Face Covering</a> .	
	Viewed <a href="#">How to Safely Put on Personal Protective Equipment (PPE)</a> .	
	Demonstrated appropriate donning techniques as shown in CDC video.	
	Viewed <a href="#">How to Safely Take Off Personal Protective Equipment (PPE)</a> .	
	Demonstrated appropriate doffing techniques as shown in CDC video.	
	Viewed <a href="#">COVID-19: Visiting Friends and Family with Higher Risk for Severe Illness</a> .	
	Completed training and received a copy of the policies and procedures for Visiting Long-Term Care Facilities.	
	Understands the types of issues that require immediate notification to supervisor for consultation.	
	Understands completion of the COVID-19 Symptom Self-Assessment and Affirmation form.	
	Participated in training regarding basic infection control and use of sanitizing kits.	
	Received appropriate supply of <i>(insert - face coverings, and/or healthcare personal protective equipment)</i> .	
	Received appropriate supply of Sanitizer Kits <i>(Indicate amount)</i> .	

I verify that \_\_\_\_\_ has completed all required training, demonstrated preparedness in resuming facility visits, and received an appropriate supply of *(insert - face coverings, and/or healthcare personnel PPE and Sanitizer Kits)*.

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_