



Office of the Attorney General
Washington, D. C. 20530

March 20, 2020

MEMORANDUM FOR ALL UNITED STATES ATTORNEYS

FROM: THE ATTORNEY GENERAL

A handwritten signature in black ink, appearing to read "W.P. Barr", is written over the text "THE ATTORNEY GENERAL".

I want to thank you for all of your hard work during these difficult times. The Department's task of protecting the rights and safety of Americans is even more critical as our country combats the COVID-19 and its pernicious impact on our citizens' lives.

As a result of the COVID-19 pandemic, a number of cities and states have imposed shelter in place and lock down orders or other travel restrictions. We can expect additional orders as the crisis develops. As you know, many federal employees, including Department of Justice employees carrying out law enforcement functions, are at times required to travel for official purposes. In order to ensure that federal employees continue to provide official services to the public, I am directing that all United States Attorneys contact state and local law enforcement leaders in their geographic areas of responsibility to inform them of the following:

- 1) Federal agencies have issued directives addressing the circumstances under which federal employees may travel and commute consistent with CDC guidelines. Federal agencies will continue to monitor and ensure that these directives are followed and modified as appropriate as the situation develops.
- 2) If encountered by local law enforcement during such travel, federal employees shall identify themselves, using their Personal Identity Verification or "PIV" cards, and explain the nature of their work and travel. These cards include a photograph of the employee and list the federal agency for whom the employee works.
- 3) Accordingly, the United States Attorneys should inform their state and local law enforcement partners that we need to ensure that local law enforcement officials enforcing travel restrictions are aware of the fact that federal employees must be allowed to travel and commute to perform law enforcement and other functions and should not be prevented from doing so, even when travel restrictions are in place.

Please also inform the Chief Judge and federal law enforcement partners in your district that Department employees remain able to mobilize as appropriate in order to continue our collective mission.

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE*

☐	1. Census number
☐	2. An alphabetical list of all residents and room numbers (note any resident out of the facility).
☐	3. A list of residents who are confirmed or suspected cases of COVID-19.
☐	4. Name of facility staff responsible for Infection Prevention and Control Program.
☐	5. Conduct a brief Entrance Conference with the Administrator.
☐	6. Signs announcing the survey that are posted in high-visibility areas.
☐	7. A copy of an updated facility floor plan, if changes have been made.
☐	8. The actual working schedules for licensed and registered nursing staff for the survey time period.
☐	9. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services). Also include the staff responsible for notifying all residents, representatives, and families of confirmed or suspected COVID-19 cases in the facility.
☐	10. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident's medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 2 which is titled "Electronic Health Record Information."
☐	11. Explain that the goal is to conduct as much record review offsite as possible to limit potential exposure or transmission. Determine what information can be reviewed offsite, such as electronic medical records (EMRs), or other records and policies/procedures. If offsite review of EMRs is not possible, surveyors will request photocopies (that can be made by surveyors instead of facility staff). If the facility has an electronic health record (EHR) system that may be accessed remotely, request remote access to the EHR to review needed records for a limited period of time. If this is not an option, discuss with the facility the best options to get needed medical record information, such as fax, secure website, encrypted email, etc.
☐	12. Facility Policies and Procedures: • Infection Prevention and Control Program Policies and Procedures, to include the Surveillance Plan. • Emergency Preparedness Policy and Procedure to include Emergency Staffing Strategies NOTE – A comprehensive review of policies should be completed offsite.
☐	13. The facility's mechanism(s) used to inform residents, their representatives, and families of confirmed or suspected COVID-19 activity in the facility and mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., supply the newsletter, email, website, etc.). If the system is dependent on the resident or representative to obtain the information themselves (e.g., website), provide the notification/information given to residents, their representatives, and families informing them of how to obtain updates.

***NOTE:** The timelines for requested information in the table are based on normal circumstances. Surveyors should be flexible on the time to receive information based on the conditions in the facility. For example, do not require paperwork within an hour if it interrupts critical activities that are occurring to prevent the transmission of COVID-19.

ENTRANCE CONFERENCE WORKSHEET ELECTRONIC HEALTH RECORD (EHR) INFORMATION

Please provide the following information to the survey team within one hour of Entrance.

Provide specific instructions on where and how surveyors can access the following information in the EHR (or	
1. Infections	
2. Hospitalization	
3. Change of condition	
4. Medications	
5. Diagnoses	

Please provide name and contact information for IT and back-up IT for questions:

IT Name and Contact Info: _____

Back-up IT Name and Contact Info: _____

- inservices r/t covid, infection control x 6 mos.
- staff personnel files:

1.)
2.)
3.)

} chosen personnel files
hidden

- Log of County rates
- testing log for staff

- Interviews:

- social worker (for covid unit)
 - IP
 - nurse
 - CNA

- Policy r/t adm of covid resident
- Policy r/t when to notify public health

- DON email / phone #

- Policy - screening of visitors & staff
- Policy r/t notification of residents/families