RCS Community Program Infection Prevention Assessment Tool for COVID-19

RCS staff will use the following tool to assess facilities compliance with strategies to prevent the spread of COVID-19. **Submit to your Field Manager AND Regional Administrator after visit is complete.** Assess elements through a combination of interviews (with staff and residents), direct observation of practices in the home/facility and record review. **Those steps with an asterisks * require on-site investigation. Those steps not marked with asterisks can be assessed off-site if the licensor determines that is feasible.**

The guidance in this Tool is current as of 3/23/20.

The assessment reviews the following domains, which are strategies from the CDC for preventing COVID-19 and the spread of COVID-19 in long-term care facilities:

- Visitor restrictions
- Education, monitoring, and screening of **Healthcare Personnel (HCP)**
- Education, monitoring, and screening of **Residents**
- Availability of **Personal Protective Equipment** (PPE) and other supplies
- Infection Prevention **Practices** including hand hygiene, use of PPE and cleaning and disinfection of environmental surfaces and resident care equipment

Facility Name:_____ Date/s:_____

Which of the following situations apply to the facility?

Community is defined as the county the facility is located in. Licensors can go to the county health department webpage or the state DOH website to find this information:

https://www.doh.wa.gov/Emergencies/Coronavirus

□ No cases of COVID-19 currently reported in their community

□ Cases reported in their community

□ Sustained transmission reported in their community

□ Cases identified in their facility (either among HCP or residents)

How many day supply does the facility/home have of the following PPE and ABHR?

Facemasks:	Actual #:
Isolation Gowns:	Actual #:
Eye protection:	Actual #:
Gloves:	Actual #:
Alcohol-Based Hand Rub:	Actual #:

Visitor restrictions	
Elements to be assessed	**Notes**
Facility/home has sent a communication (e.g., letter, email) to families that **visitation is not allowed** until further notice per the Governor's Proclamation 20-16. Exceptions might be considered in limited circumstances (e.g., end of life situations). In those circumstances, the visitor wears a facemask and restricts their visit to the resident's room or other location designated by the facility.	
***** Facility/home has posted signs at entrances to the facility directing only Essential Health Care Personnel are allowed and directing those people to check-in with a screener before entering the building.	
Facility/home asks all visitors (non-facility based essential health care personnel) about the following and restricts anyone with: • Fever or symptoms of respiratory infection • Contact with an individual with COVID-19 • Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19 (CMS QSO Memo 20-14).	
***** When permitted (special circumstance) visitors are instructed to wear a facemask, frequently perform hand hygiene; limit their interactions with others in the facility; restrict their visit to the resident's room or other location designated by the facility/home.	

When visitation restrictions are in place, the facility/home has provided alternative methods for visitation (e.g., video conferencing). Facility/home has informed families of alternative visitation methods.	

Education, monitoring, and screening of healthcare personnel (HCP)

Elements to be assessed	**Notes**

Facility/home has provided education and refresher training to HCP (including consultant personnel) about the following:
• COVID-19 (e.g., symptoms, how it is transmitted)
• Sick leave policies and importance of not reporting or remaining at work when ill
• Adherence to recommended IPC practices, including:
  ○ Hand hygiene,
  ○ Selection and use of PPE (including donning and doffing),
  ○ Cleaning and disinfecting environmental surfaces and resident care equipment
• Any changes to usual policies/procedures in response to PPE or staffing shortages	

The facility audits (monitors and documents) hand hygiene adherence among staff to include nursing, dietary, therapy, environmental services, Clinical Staff (physicians, NPs, PAs) and contracted staff, and provides feedback	
Facility/home keeps a list of symptomatic **HCP.**	
*Facility/home restricts non-essential personnel including volunteers and non-essential consultant personnel (e.g.,	

barbers) from entering the building per Governor's Proclamation.	
Additional actions when COVID-19 is identified in the community (some facilities may choose to implement these earlier) • Screen all HCP (including consultant personnel) at the beginning of their shift for fever and respiratory symptoms (actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat). ○ If they are ill, have them put on a facemask and return home.	
Education, monitoring, and screening of residents	
Elements to be assessed	**Notes**
Facility/home has provided education to residents about the following: • COVID-19 (e.g., symptoms, how it is transmitted) • Importance of immediately informing HCP if they feel feverish or ill • Actions they can take to protect themselves (e.g., hand hygiene, covering their cough, maintaining social distancing) • Facility/home advises residents to limit leaving the facility • Actions the facility is taking to keep them safe (e.g., visitor restrictions, changes in PPE, canceling group activities and communal dining)	
Facility/home assesses residents for fever and symptoms of respiratory infection upon admission and throughout their stay in the facility.	

*Residents with suspected respiratory infections are immediately placed in appropriate Transmission-based Precautions	
Residents with COVID-19 should remain on transmission-based precautions until: • At least 14 days after illness onset OR • 72 hours after resolution of fever (off antipyretics) and symptoms improved, whichever is longer.	
*Signs indicating a resident is on transmission-based precautions and required PPE are clear and visible on the door or next to the door.	
*Staff are able to successfully verbalize the PPE required before entering a resident's room.	
Facility/home keeps a list of symptomatic residents.	
*Facility/home has taken action to minimize group activities inside the facility or field trips outside of the facility.	

Facility/home has established criteria for halting group activities and communal dining, closing units or the entire facility to new admissions, and restricting visitation.	
Facility/home has plan in place for admissions/readmissions from the hospital (high-risk environment). Facility should consider admitting residents to a single room for a 14-day quarantine period.	
Additional actions when COVID-19 is identified in the community (some facilities may choose to implement these earlier) • Actively monitor all residents (at least daily) for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat) • Cancel group field trips and activities and consider cancelling communal dining.	
***Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community (some facilities may choose to implement these earlier)** • Encourage residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes. If they leave their room, they should wear a facemask, perform hand hygiene, limit movement in the facility and perform social distancing. • Cancel communal dining • Implement protocols for cohorting ill residents with dedicated HCP	

Availability of PPE and Other Supplies	
Elements to be assessed	**Notes**
Facility/home has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand rub, EPA-registered disinfectants, tissues).	
What efforts is the facility making to get any needed PPE/supplies? If PPE shortages are identified or anticipated, facility has engaged their healthcare coalition for assistance. https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx	
Hand hygiene supplies are available in all resident care areas. • Alcohol-based hand rub with 60-95% alcohol are available in every resident room and other resident care and common areas. • Sinks are stocked with soap and paper towels *If there are shortages of ABHR, hand hygiene using soap and water is still expected.	
*PPE is available in resident care areas (e.g., outside resident rooms). PPE includes: gloves, gowns, facemasks, N-95 or higher-level respirators (if facility has a respiratory protection program and HCP are fit-tested- most facilities aren't) and eye protection (face shield or goggles). If facility does not have N-95 respirator, facemasks should be used.	
*EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. See EPA List N: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2	

*Tissues are available in common areas and resident rooms for respiratory hygiene and cough etiquette and source control	

Infection Prevention and Control Practices

Elements to be assessed	Notes
*HCP perform hand hygiene in the following situations: • Before resident contact, even if PPE is worn • After contact with the resident • After contact with blood, body fluids or contaminated surfaces or equipment • Before performing sterile procedure • After removing PPE	
*HCP wear the following PPE when caring for residents with undiagnosed respiratory illness (e.g., fever, cough, shortness of breath, fatigue): • Gloves • Isolation gown • Facemask • Eye protection (e.g., goggles or face shield) If COVID-19 is suspected, an N-95 or higher-level respirator is preferred, if available and the facility has a respiratory protection program with fit-tested HCP; facemasks are an acceptable alternative per the CDC.	
*HCP apply PPE when in contact with resident with new acute cough or respiratory symptoms (fever, cough, shortness of breath, fatigue).	

*PPE are removed in a manner to prevent self-contamination, hand hygiene is performed, and new PPE are put on after each resident except as noted below.	
In times of PPE shortages, the following would be permitted. The facility should be able to articulate clearly if they are using the below methods and why: • Gowns only used during aerosol-generating procedures; care activities where splashes and sprays are anticipated; during high-contact resident care activities. The same gown may not be used for more than one resident. • Extended use of respirators, facemasks, and eye protection. The same respirator, facemask, and eye protection may be used during the care of more than one resident. The respirator or facemask must be discarded when: o Damp, damaged or hard to breathe through o If used during an aerosol-generating procedure o If contaminated with blood or other body fluids The eye protection must be replaced (can be reused after cleaning and disinfection) when: o Damaged or hard to see through o If used during an aerosol-generating procedure o If contaminated with blood or other body fluids	
***Additional actions when COVID-19 is identified in the community (some facilities may choose to implement these earlier)** • Consider implementing universal use of facemasks for HCP while in the facility/home	

***Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community (some facilities may choose to implement these earlier)** • Implement universal use of facemasks by HCP if not already done • Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator (or facemask if not available)) for the care of all residents, regardless of presence of symptoms.	
*Non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use.	
EPA-registered disinfectants are prepared and used in accordance with label instructions.	
Communication	
Facility/home communicates information about known or suspected COVID-19 patients to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities.	
Facility/home notifies the health department about any of the following: • COVID-19 is suspected or confirmed in a resident or healthcare provider • A resident has severe respiratory infection • A cluster (e.g., ≥ 3 residents or HCP with new-onset respiratory symptoms over 72 hours) of residents or HCP with symptoms of respiratory infection is identified.	

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