COVID-19 Focused Infection Control Survey: Acute and Continuing Care

General guidance: This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19. Entry and screening procedures as well as patient care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS guidance that is in effect at the time of the survey. Refer to QSO memos released at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.

Content within this tool may be generally applied to any setting. However, CMS recognizes that not all acute and continuing care providers have the same acuity or capacity and therfore, depending upon the setting, not all information will be applicable on every survey (e.g.; aerosol generating procedures section). If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: "Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] **COVID-19**."

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with guidance in the appropriate provider/supplier appendix of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For purposes of this document, "staff" includes employees, consultants, contractors, volunteers, and others who provide care and services to patients on behalf of the facility. Additionally, the general term "facility" means inpatient, congregate settings, hospitals, intermediate care facilities for individuals with intellectual disabilities, dialysis facilities, and clinics, and "home" refers to settings such as hospice and home health where care is provided in the home.

Entering the Facility/Triage/Registration/Visitor Handling

Prior to entering the facility:

- Is signage posted at facility entrances with visitation restrictions and screening procedures?
- Are signs posted at entrances with instructions to individuals seeking medical care with symptoms of respiratory infection to immediately put on a mask and keep it on during their assessment, cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions?

Upon entering the facility:

- Are staff trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspect COVID-19 cases?
- Is there a process that occurs after a suspected case is identified to include immediate notification of facility leadership/infection control?

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Visitation

- Facilities should limit visitation.
- Are facilities actively screening visitors (CDC currently recomends staff are checking for fever and signs and/or symptoms of respiratory infection, and other criteria such as travel or exposure to COVID-19)?
- What is your current screening criteria?
- For permitted visitors are they instructed to frequently perform hand hygiene; limit their interactions with others in the facility; restrict their visit to the patient's room or other location designated by the facility; and offered personal protective equipment (PPE) as supply allows?

Did the facility perform appropriate screening of visitors? ☐ Yes ☐ **No (see appropriate IPC tags for the provider/supplier type)**

Standard and Transmission-Based Precautions (TBPs)

CMS is aware that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control. However, CMS does expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact their healthcare coalition for assistance (https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx), follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for patients. Among other practices, optimizing their current supply may mean prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). Current CDC guidance for healthcare professionals is located at: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html and healthcare facilities is located at: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html. Guidance on strategies for optimizing PPE supply is located at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.

General Standard Precautions

☐ Are staff performing the following appropriately:

- Respiratory hygiene/cough etiquette,
- Environmental cleaning and disinfection, and
- Reprocessing of reusable patient medical equipment (i.e., cleaning and disinfection per device and disinfectant manufacturer's instructions for use)?

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Hand Hygiene

☐ Are staff performing hand hygiene when indicated?

☐ If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used by staff for hand hygiene?

☐ Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), If there are shortages of ABHR, hand hygiene using soap and water is used instead?

☐ Do staff perform hand hygiene (even if gloves are used) in the following situations:

- Before and after contact with patients;
- After contact with blood, body fluids, or visibly contaminated surfaces or other objects and surfaces in the care environment;
- After removing personal protective equipment (e.g., gloves, gown, facemask); and
- Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, medication preparation, and/or dressing care).

☐ Interview appropriate staff to determine if hand hygiene supplies are readily available and who they contact for replacement supplies.

Did staff implement appropriate hand hygiene? ☐ Yes ☐ **No (see appropriate IPC tags for the provider/supplier type)**

Personal Protective Equipment (PPE)

☐ Determine if staff appropriately use PPE including, but not limited to, the following:

- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
- Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin;
- Gloves are changed and hand hygiene is performed before moving from a contaminated site to a clean site during care (body, equipment, etc);
- An isolation gown is worn for direct patient contact if the patient has uncontained secretions or excretions;
- A facemask, gloves, isolation gown, and eye protection are worn when caring for a patient with new acute cough or symptoms of an undiagnosed respiratory infection unless the suspected diagnosis requires airborne precautions (e.g., tuberculosis)

☐ If PPE use is extended/reused, is it done according to national and/or local guidelines? If it is reused, is it cleaned/decontaminated/maintained after and/or between uses?

☐ Interview appropriate staff to determine if PPE is available, accessible and used by staff.

- Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?
- Do staff know how to obtain PPE supplies before providing care?
- Do they know who to contact for replacement supplies?

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Aerosol – Generating Procedures

- Appropriate mouth, nose, clothing, gloves, and eye protection (e.g., N95 or higher-level respirator, if available; face shield, gowns) is worn for performing aerosol-generating and/or procedures that are likely to generate splashes or sprays of blood or body fluids and COVID-19 is suspected;
- Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
  - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.
  - The number of staff present during the procedure should be limited to only those essential for care and procedure support.
  - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
  - Clean and disinfect procedure room surfaces promptly as and with appropriate disinfectant. Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;

Did staff implement appropriate use of PPE?   ☐ Yes   ☐ **No (see appropriate IPC tags for the provider/supplier type)**

Transmission-Based Precautions

☐ Determine if appropriate transmission-based precautions are implemented, including but not limited to:

- Signage on the patient's room regarding need for transmission-based precautions.
- PPE use by staff (i.e., don gloves and gowns before contact with the patient and their care environment while on contact precautions; don facemask within three feet of a patient on droplet precautions; for facilities that use/have N-95 masks - don an fit-tested N95 or higher level respirator prior to room entry of a patient on airborne precautions);
- Dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) are used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant prior to use on another patient or before being returned to a common clean storage area;
- When transport or movement is medically-necessary outside of the patient room, does the patient wear a facemask?
- Contaminated surfaces, objects and environmental surfaces that are touched frequently and in close proximity to the patient (e.g., bed rails, over-bed table, bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare use (effective against the organism identified if known) at least daily and when visibly soiled.

☐ Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.

☐ For providers of care in the home, has the provider, educated patients and family members regarding transmission of infectious diseases and specifically mitigating transmission of COVID-19.

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☐ Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.

☐ If concerns are identified, expand the sample to include more patients with transmission-based precautions.

Did the staff implement appropriate transmission-based precautions? ☐ Yes ☐ **No (see appropriate IPC tags for the provider/supplier type)**

Standards, Policies and Procedures

☐ Did the facility establish a facility-wide IPCP including written standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?

☐ Does the facility's policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?

☐ Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

Did the facility develop and implement an overall IPCP including policies and procedures for for undiagnosed respiratory illness and COVID-19? ☐ **Yes** ☐ **No (see appropriate IPC tags for the provider/supplier type)**

Infection Surveillance

☐ Does the facility know how many patients in the facility have been diagnosed with COVID-19 (suspected and confirmed)?

☐ The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of fever, respiratory illness, or other signs/symptoms of COVID-19.

☐ The plan includes early detection, management of a potentially infectious, symptomatic patient and the implementation of appropriate transmission-based precautions/PPE.

☐ The facility has a process for communicating the diagnosis, treatment, and laboratory test results when transferring patients to an acute care hospital or other healthcare provider.

☐ Can appropriate staff (e.g., nursing and leadership) identify/describe the communication protocol with local/state public health officials?

☐ Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

Did the facility provide appropriate infection surveillance? ☐ Yes ☐ **No (see appropriate IPC tags for the provider/supplier type)**

Education, Monitoring, and Screening of Staff

• Is there evidence the provider has educated staff on COVID-19 (e.g., symptoms, how it is transmited, screening criteria, work exclusions)?

- How does the provider convey updates on COVID-19 to all staff?
- Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?
- If staff develop symptoms at work (as stated above), does the facility:
    - have a process for staff to report their illness or developing symptoms;
    - place them in a facemask and have them return home for appropriate medical evaluation;
    - inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and
    - Follow current guidance about returning to work (e.g., local health department, CDC: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html).

Did the facility provide appropriate education, monitoring, and screening of staff? ☐ Yes   ☐ **No (see appropriate IPC tags for the provider/supplier type)**

Emergency Preparedness - Staffing in Emergencies

☐ Policy <u>development</u>: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the patients when needed during an emergency, such as a COVID-19 outbreak?

☐ Policy <u>implementation</u>: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the patient? (N/A if a emergency staff was not needed)

Did the facility develop and implement policies and procedures for staffing strategies during an emergency?
☐ **Yes**   ☐ **No (see appropriate Emergency Preparedness tag for the provider/supplier type)**

The following sections are specific nuances to consider and assess when on survey.

Considerations Specifically for Surveys of Hospitals and Critical Access Hospitals

Patient Care

- Is the facility restricting patients (to the extent possible) to their rooms except for medically necessary purposes? If patients have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (stay at least 6 feet away from others). If PPE shortage is an issue, facemasks should be limited to patients diagnosed with COVID-19 or has signs/symptoms of respiratory illness or COVID-19.

- Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations?

Did staff provide appropriate care for patients with known or suspected COVID-19? ☐ **Yes** ☐ **No (Hospital Tag A-0747, CAH Tag C-0278)**

Environmental Cleaning

- During environmental cleaning procedures, personnel wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection)?
- Environmental surfaces in patient care areas are cleaned and disinfected, using an EPA-registered disinfectant on a regular basis (e.g., daily), when spills occur and when surfaces are visibly contaminated? Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;
- Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).
- The hospital decontaminates spills of blood or other body fluids according to its policies and procedures, using appropriate EPA-registered hospital disinfectants?

Did staff provide appropriate environmental cleaning for facilities with known or suspected COVID-19? ☐ **Yes** ☐ **No (Hospital Tag A-0747, CAH Tag C-0278)**

Additional Considerations Specifically for Dialysis Facility Surveys

Hand Hygiene Considerations
- Perform handwashing with soap and water at dedicated handwashing sinks if hands are visibily soiled (see § 494.30(a)(1)(i))
- Remove gloves and perform hand hygiene between each patient or dialysis station

Cleaning and Disinfection Considerations
- Items taken to the dialysis station must be either disposed of, dedicated for use on a single patient or cleaned and disinfected before being taken to a common clean area or used on another patient
- Use proper aseptic technique during vascular access care, medication preparation and administration
- Proper cleaning and disinfection of the dialysis station including the dialysis machine, chair, prime waste receptacle, reuseable acid and bicarbonate containers after the previous patient fully vacates the station.

- Clean areas should be clearly designated for the preparation, handling and storage of medications and unusued supplies and equipment.
- Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled.
- Proper disposal of bio-hazard waste

Isolation Considerations
- Ensure dedicated machines, equipment, instruments, supplies, and medications that will not be used to care for non-isolation patients.

Did staff implement appropriate hand hygiene, cleaning/disinfection and isolation considerations? ☐ Yes ☐ **No (see Condition 42 CFR 494.30 and Tags V110-V148)**

Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.

The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at https://aspe.hhs.gov/public-health-emergency-declaration-pra-waivers.