

RCS Supported Living Infection Prevention Assessment Tool for COVID-19

The guidance in this tool is current for CCRSS as of 05/11/2020.

RCS staff and representatives will use the following tool to assess a provider's compliance with strategies to prevent the spread of COVID-19. Assess elements through a combination of interviews, direct observation of practices in the home if possible, and record review. **Submit this tool to assigned Field Manager, Nicole Vreeland, within two (2) working days after the assessment is complete; assessments can be emailed to Nicole.Vreeland@dshs.wa.gov.**

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 including Supported Living agencies and client homes:

- Visitor limitations
- Education, monitoring, and screening of direct care staff and other **Healthcare Personnel (HCP)**
- Education, monitoring, and screening of **Clients**
- Availability of **Personal Protective Equipment (PPE)** and other supplies

Infection Prevention **Practices** including hand hygiene, use of PPE, and cleaning and disinfection of the home environment (observations not applicable for volunteers and evaluators).

PROVIDER

DATE(S)

Which of the following situations apply to the client home?

"Community" is defined as the county the client home is located in. Department representatives 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 the client home (either amount staff or clients).

How many days of supplies does the client home have of the following PPE?

Facemasks; actual number:

Isolation gowns; actual number:

Eye protection; actual number:

Gloves; actual number:

Alcohol-based hand rub; actual number:

Visitor Limitations	
Elements to be assessed:	Notes:
<p>Providers should follow the guidance of DOH including:</p> <ul style="list-style-type: none"> • Developing criteria and protocols enforcing visitor limitations; • Limiting visitors during outbreaks; • Screening visitors for illness. <p>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 client's room or other location designated by the provider.</p> <p>SOLA or the certified group home provider has sent communication (e.g., letter, email) to families that visitation is not allowed until further notice per the Governor's Proclamation 20-16.</p>	
<p>The provider asks that all visitors (essential healthcare personnel not employed by the provider e.g., physical therapists, home health nurses, nurse delegators) about the following and restricts anyone with:</p> <ul style="list-style-type: none"> • Fever or symptoms of respiratory infection. • Contact with an individual with COVID-19. 	
<p>When visitation restrictions are in place, does each client have an alternative method for visitation (e.g., video conferencing) and are family members / guardians aware of the alternative visitation preference for the client?</p>	
Education, Monitoring, and Screening of Healthcare Personnel (HCP)	
Elements to be assessed:	Notes:
<p>The provider has provided education and refresher training to staff about the following:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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. • Provider should identify staff that work at other agencies or in other types of health care settings and actively screen them to determine risk to clients. 	

<p>The provider has a plan to monitor adherence to staff hand hygiene, glove use, wearing a mask, and following policy and procedures to sanitize the environment. Who is responsible to monitor?</p>	
<p>Education, Monitoring, and Screening of Clients</p>	
<p>Elements to be assessed:</p>	<p>Notes:</p>
<p>The provider has provided education to clients about the following (as appropriate):</p> <ul style="list-style-type: none"> • COVID-19 (e.g., symptoms, how it is transmitted). • Importance of immediately informing staff if they feel feverish or ill. • Actions they can take to protect themselves (e.g., hand hygiene, covering their cough, maintaining social distancing). • Provider advises clients to limit leaving their homes. • Actions the provider is taking to keep them safe (e.g., visitor restrictions, changes in PPE, canceling outings and separate dining when needed). 	
<p>The provider assesses clients daily for fever and symptoms or respiratory infection (shortness of breath, new or change in cough, and sore throat) and documents changes from client baseline.</p>	
<p>Clients testing positive for COVID-19 should remain on transmission-based precautions for the length of time determined by their physician.</p>	
<p>Have staff been trained on which PPE is required before entering a client's room and other precautions they take to prevent cross contamination?</p>	
<p>Availability of PPE and Other Supplies</p>	
<p>Elements to be assessed:</p>	<p>Notes:</p>
<p>The provider has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand rub, EPA-registered disinfectants, and tissues).</p>	
<p>Does the provider have a system to obtain needed PPE and infection control supplies?</p> <p>Are they aware of how to obtain PPE through their Local Health Jurisdiction (as indicated in the ALISA CCRS Dear Provider Letter #2020-008?</p> <p>Are they aware they can continue to use the following link to obtain PPE http://www.ppewa.com?</p>	

<p>Handy hygiene supplies are available in all client care areas.</p> <ul style="list-style-type: none"> Alcohol-based hand rub* with 60 – 95% alcohol (hand sanitizer) are available in bathrooms, client rooms, and common areas. Sinks are stocked with soap and paper towels. <p>* If there are shortages of ABHR, hand hygiene using soap and water is still expected.</p>	
<p>Who is responsible for PPE inventory and ensuring equitable PPE is dispensed to each client home as needed?</p>	
<p>PPE is available in the client homes, which includes gloves, gowns, facemasks, and eye protection (face shield or goggles).</p> <p>Cloth masks are acceptable in some circumstances with precautions noted in the AL TSA CCRSS Dear Provider Letter #2020-015.</p>	
<p>Infection Prevention and Control Practices</p>	
<p>Elements to be assessed by observation (if assessment is done in person):</p>	<p>Notes:</p>
<p>Staff perform hand hygiene in the following situations:</p> <ul style="list-style-type: none"> Before client contact, even if PPE is worn. After contact with the client. After contact with blood, body fluids or contaminated surfaces or equipment. After removing PPE. 	
<p>Staff wear the following PPE when caring for clients with fever, cough, shortness of breath, fatigue:</p> <ul style="list-style-type: none"> Gloves. Isolation gown. Facemask. Eye protection (e.g., goggles or face shield). 	
<p>PPE are removed in a manner to prevent self-contamination, hand hygiene is performed, and new PPE are put on after each client except as noted below.</p>	

<p>In times of PPE shortages, the following would be permitted. The staff should be able to articulate clearly if they are using the below methods and why:</p> <ul style="list-style-type: none"> • Gowns only used during aerosol-generating procedures, care activities where splashes and sprays are anticipated, during high-contact client care activities. The same gown may not be used for more than one client. • 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 client. The respirator or facemask must be discarded when: <ul style="list-style-type: none"> ○ Damp, damaged or hard to breathe through. ○ If used during an aerosol-generating procedures. ○ If contaminated with blood or other body fluids, the eye protection must be replaced (can be reused after cleaning and disinfection) when: <ul style="list-style-type: none"> ➤ Damaged or hard to see through. ➤ If used during an aerosol-generating procedure. ➤ If contaminated with blood or other body fluids. 	
<p>Non-dedicated, non-disposable client care equipment is cleaned and disinfected after each use.</p>	
<p>Disinfectants are prepared and used in accordance with label instructions.</p>	
Communications	
<p>Staff are trained on communicating information about known or suspected COVID-19 to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities.</p>	
<p>The provider notifies the health department about any of the following:</p> <ul style="list-style-type: none"> • COVID-19 is suspected or confirmed for a client or healthcare provider. 	

Notes