RCS CCRSS Infection Prevention Assessment Pathway

Safe Start for LTC Phases: □ Phase 1 □ Phase 2 □ Phase 3 □ Phase 4

RCS staff will use the following Pathway or the Tool to evaluate provider / facilities compliance with strategies to prevent the spread of COVID-19 and other communicable diseases. Submit to your Field Manager within two working days after visit is complete.

Assess elements through a combination of interviews (with staff and clients), direct observation of practices in the home / facility and record review.

All observations must be on site.

Refer to the Safe Start for Long Term Care Recommendations and Requirements: CCRSS for Instructions, Core Principles of Safe Start, Visitation and Phases details.

The assessment reviews the following strategies from the CDC for the prevention and spread of COVID-19 in long-term care settings along with other communicable diseases:

A. Reporting, Monitoring, and Testing
B. Visitation and Screening (essential and non-essential personnel, residents, and off-site visits)
C. Personal Protective Equipment (PPE)
D. Infection Control Standards, Policies, Procedures, and Education
E. Medical and Non-Medical Transportation
F. Group Activities, Communal Dining, and Entertainment / Services
G. Cohorting and dedicated staff caring for COVID residents / other communicable diseases

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 their facility (either among staff or clients)
□ Phase 1 □ Phase 2 □ Phase 3 □ Phase 4 for the Safe Start Plan for CCRSS
A. Reporting, Monitoring, Testing

### Reporting
- ☐ ☐ ☐ 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.
- ☐ ☐ ☐ The provider notifies the health department (LHJ) the same day about any of the following: COVID-19 is suspected or confirmed for a staff, client or healthcare provider.

### Monitoring
- ☐ ☐ ☐ 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?
- ☐ ☐ ☐ 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.
- ☐ ☐ ☐ With confirmed COVID-19 infection, transmission based precautions should be implemented. They include use of additional PPE to prevent contact, airborne, and droplet contamination.

### Testing
- ☐ ☐ ☐ Access to COVID-19 testing for all clients and staff at an established commercial laboratory. Testing will occur based on CDC, DOH and LHJ guidance.

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B. Visitation and Screening (essential and non-essential personnel, residents, and of-site visits)

- ☐ ☐ ☐ Providers should follow the guidance of DOH, governor’s proclamation, and CDC including:
  - Developing criteria and protocols enforcing visitor limitations;
  - Limiting visitors during outbreaks;
  - Screening visitors for illness
  - Follow visitation guidelines per Safe Start Plan.
- ☐ ☐ ☐ Exceptions might be considered in limited circumstances (e.g., end of life situations / compassionate care). In those circumstances, the visitor wears a facemask and restricts their visit to the client’s room or other location designated by the provider.
- ☐ ☐ ☐ The provider screens clients daily for fever and symptoms of respiratory infection (shortness of breath, new or change in cough, and sore throat) and documents changes from client baseline.
- ☐ ☐ ☐ Clients exhibiting symptoms are asked to stay in their room and their physician is notified.
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<thead>
<tr>
<th>PROVIDER NAME</th>
<th>CERTIFICATION NUMBER</th>
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<tr>
<th>COMPLAINT INVESTIGATOR’S / EVALUATOR’S NAME</th>
<th>DATE(S)</th>
<th>□ Evaluation</th>
<th>□ Complaint Investigation</th>
<th>INTAKE NUMBER</th>
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- The provider maintains a screening / visitor log per Safe Start Plan requirements, including awareness of vaccination requirements.

- The provider screens all staff and visitors (essential health care personnel not employed by the provider e.g., physical therapists, home health nurses, nurse delegators) about the following and restricts anyone with:
  - Fever or symptoms of respiratory infection.
  - Contact with an individual with COVID-19.

- 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? □ Yes □ No

### C. Personal Protection Equipment (PPE)

- Provider has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand rub, EPA-registered disinfectants, and tissues).

- Identified who is responsible for PPE inventory and ensuring equitable PPE is dispensed to each client home as needed?

- Does the provider have a system to obtain needed PPE and infection control supplies through their LHJ or other suppliers?

- Hand hygiene supplies are available in all resident care areas.
  - Alcohol-based hand rub with 60-95% alcohol (hand sanitizer) available in bathrooms, client rooms, and common areas.
  - Sinks are stocked with soap and paper towels.

- PPE available in the client homes, which includes gloves, gowns, facemasks, and eye protection (face shield or goggles).

- Disinfectants are prepared and used in accordance with label instructions.

### D. Infection Control Standards, Policies, Procedures, and Education

#### Education

- Facility / home provided education and refresher training to staff 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),
    - How to prevent cross examination
    - Cleaning and disinfecting environmental surfaces and resident care equipment
    - All staff must wear cloth face covering / facemask while in client’s home
    - Visitation / vaccination requirements
The provider has provided education to clients about the following (as appropriate):
- 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

### Infection Control Standards / Practices, Policies, and Procedures

- Clients testing positive for COVID-19 should remain on transmission-based precautions for the length of time determined by their physician.

- Staff perform hand hygiene in the following situations:
  - 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

- Staff wear the following PPE when caring for clients with fever, cough, shortness of breath, fatigue:
  - Gloves
  - Isolation gown
  - Facemask
  - Eye protection (e.g., goggles or face shield)

- 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.

- 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:
  - Protect and promote resident and client rights while following standards of infection control practices.
  - 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:
    - Damp, damaged or hard to breathe through
    - If used during an aerosol-generating procedure
    - If contaminated with blood or other body fluids, the eye protection must be replaced (can be reused after cleaning and disinfection) when:
      - Damp, damaged or hard to breathe through
      - If used during an aerosol-generating procedure
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<th>Non-dedicated, non-disposable client care equipment is cleaned and disinfected after each use.</th>
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<tbody>
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<td>Yes</td>
<td>No</td>
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<td>E. Medical and Non-Medical Transportation (off-site visits)</td>
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<td>Providers will use risk assessment template to assess exposure risk and implement appropriate phase requirements for infection prevention after non-medically necessary trips.</td>
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<td>Use telemedicine when possible.</td>
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<td>F. Group Activities, Communal Dining, and On-site Personal Services</td>
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<td>Are clients assisted in engagement through technology to minimize opportunity for exposure?</td>
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<td>Are clients assisted in finding individual activities through virtual or remote means, where possible, that improve quality of life (e.g., church service, art classes, concerts, etc.).</td>
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<td>Communal dining is not recommended (for COVID-19 negative or asymptomatic clients only).</td>
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<td>• Appropriate hand hygiene must occur for both clients and staff before and after meals.</td>
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<td>• Sanitize all eating areas with disinfectant before and after meals</td>
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<td>• When staff assistance is required with feeding adhere to guidance in Safe Start Plan.</td>
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<td>• Staff must wear masks.</td>
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<td>G. Cohorting and Dedicated Staff Caring for Residents</td>
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<td>Does the provider have a plan for a client who tests positive and has housemates in the home?</td>
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<td>Does the provider have a plan for staffing homes with COVID-19 positive clients?</td>
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