

PROVIDER NAME		CERTIFICATION NUMBER	
COMPLAINT INVESTIGATOR'S / EVALUATOR'S NAME	DATE(S)	<input type="checkbox"/> Evaluation <input type="checkbox"/> Complaint Investigation	INTAKE NUMBER



AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTA)
 RESIDENTIAL CARE SERVICES (RCS)
 CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)

RCS CCRSS COVID-19 Infection Prevention and Control Assessment (IPC) Pathway

RCS staff / evaluators must use the IPC Pathway or Tool to evaluate the provider's compliance with IPC practices related to COVID-19. You are required to submit the Tool or Pathway with your working papers. Assess these elements through a combination of observations, interviews, and record review throughout the visit.

The IPC Assessment includes a review of strategies for the prevention and spread of communicable diseases in Long-Term Care (LTC) settings.

The pathway is based on guidance found in the COVID-19 [Community Level Recommendations](#); Communal Setting Guidance: [How to Protect Yourself and Others](#); and CDC's [What to do if you were exposed to COVID-19](#). [Develop a COVID-19 plan](#). Administrators must develop a plan so they have all the information.

Infection Control Instructions

- Check Yes, No, or N/A on this Pathway. If No is checked, document findings in the notes section and/or on the IPC Assessment notes form [00-413A](#).
- For Supported Living client homes, this pathway refers to how the service provider complies with IPC guidelines.
 - Staff: The long-term care worker (LTCW) is required to follow standard IPC guidance for Healthcare Personnel (HCP). For example, use of Personal Protective Equipment (PPE) when caring for a client with COVID-19.
 - Clients: The service provider should be educating and encouraging clients to follow IPC recommended practices to prevent and recognize infection.
- General: The provider is required to ensure everyone is aware of recommended IPC practices.

Offsite Preparation:

Identify and review all National and State IPC standards, rules, and definitions applicable to the setting:

- | | | |
|---|---|--|
| <input type="checkbox"/> Standard Precautions | <input type="checkbox"/> Centers for Disease Control (CDC) Return to Work Guidance for Healthcare Workers | <input type="checkbox"/> Outbreak definition |
| <input type="checkbox"/> Respiratory Protection Program | <input type="checkbox"/> Washington State Department of Health (DOH) COVID-19 Guidance | <input type="checkbox"/> CDC COVID-19 Guidance |

Determine communicable disease outbreak in home: ☐ Yes ☐ No

PPE / source control plan for on-site visit: ☐ Source control / eye protection, if required by department, state, and/or federal requirements
☐ Full PPE with Fit Tested N95 Respirator ☐ None needed

Upon entrance, identify / observe the following: Active or Suspected COVID-19 / communicable disease present in home: ☐ Yes ☐ No
 If yes, don appropriate PPE.

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Yes	No	N/A	A. Testing, Notification, and Routine IPC Practices during COVID-19 Pandemic		
Testing					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to adequate COVID-19 testing for all client and staff. • Working with local and state public health to coordinate testing based on (CDC, DOH, and local guidance) if needed.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Testing of staff and clients will occur when the definition of an outbreak is met. COVID-19 Outbreak is defined as: • One long-term care provider-acquired COVID-19 infection in a client. • ≥ 3 suspected, probable, or confirmed positive COVID-19 case in HCP with epi-linkage and no other more likely sources of exposure for at least one of the cases		
Notification					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicates information about known or suspected COVID-19 to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notifies Local Health Jurisdiction (LHJ) and Complaint Resolution Unit (CRU) when cases of COVID-19 are identified. NOTE: CCRSS providers are <u>not required</u> to report outbreaks and cases to the LHJ or CRU but are asked to do so.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clients, staff, and visitors notified of COVID-19 cases in the setting and about potential COVID-19 exposure during outbreak.		
Routine IPC Practices					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Follows LHJ Guidance during any diseases outbreak. <input type="checkbox"/> Follows return to Work Guidance. <input type="checkbox"/> Self-Screening and Monitoring. Instructs staff (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection, as a part of routine practice. <input type="checkbox"/> Vaccines: Encourage everyone to remain up to date with all recommended COVID-19 vaccine doses. <ul style="list-style-type: none"> ○ Offers staff and clients resources and counsel about the importance of receiving the COVID-19 vaccine. Group Homes Group Training Homes must follow all requirements outlined in WAC 388-101D-0645 and report communicable diseases as required under WAC 246-100 Communicable And Certain Other Diseases.		

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><input type="checkbox"/> Supported Living providers will continue to educate and encourage clients to follow CDC guidance found in:</p> <ul style="list-style-type: none"> How to Protect Yourself and Others; CDC's What to do if you were exposed to COVID-19; and COVID-19 Community Level Recommendations: Prevention Action to Use at all COVID-19 Community Levels. In addition to basic health and hygiene practices, like handwashing, CDC recommends some prevention actions at all COVID-19 Community Levels, which include: <ul style="list-style-type: none"> Stay up to date on vaccination, including recommended booster doses. Maintain ventilation improvements. Avoid contact with people who have suspected or confirmed COVID-19. Follow recommendations for isolation if you have suspected or confirmed COVID-19. Follow recommendations for what to do if you are exposed to someone with COVID-19. If you are at high risk of getting very sick, talk with a healthcare provider about additional prevention actions. <p>Additional information for Community Congregate Living Settings (e.g., Group Homes, Assisted Living) includes personal prevention practices that are helpful to reduce COVID-19:</p> <ul style="list-style-type: none"> Increase and improve ventilation as much as possible and consider moving activities outdoors when possible. Consult with the health department about testing strategies, including whether to implement routine screening testing. Expand use of mask and respirators. Add enhanced cleaning and disinfection protocols. Create physical distance in congregate areas when possible and/or reduce movement and contact between different parts of the facility and between the facility and the community as appropriate.
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NOTES

Yes	No	N/A	B. Visitation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Provides accommodations to allow visitations for all clients regardless of vaccinations status.</p> <ul style="list-style-type: none"> Follows Local Health Jurisdiction (LHJ) guidance if stricter visitation guidance during outbreak. If visiting a COVID-19 positive client, provides information to visitors to educate on the risk of visiting a COVID-19 unit offer them PPE, and provide basic instruction on use.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Provides immediate access or contact to Developmental Disabilities Ombuds and/or Regional Long-Term Care Ombuds.</p>

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visitors who are not moderately to severely immunocompromised and have recently had mild to moderate SARS-CoV-2 infection should not visit until: <ul style="list-style-type: none"> ○ Symptoms improve with no fever in the last 24 hours and no fever reducing medication AND ○ 10 days from onset of symptoms (unless testing criteria is met). Providers do not need to verify visitor vaccination status, test status, severity of disease, or immunological status.		
NOTES					
Yes	No	N/A	C. IPC Supplies: Personal Protection Equipment (PPE), Cleaning, and Hand Hygiene Supplies and Use		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ask the provider how they determine there are adequate: <ul style="list-style-type: none"> <input type="checkbox"/> PPE supplies in each home for clients, staff, and visitors <input type="checkbox"/> PPE Disposal – placed used PPE in a waste receptacle, not overflowing, bagged and placed in the trash when waste receptacle is full <input type="checkbox"/> EPA registered disinfectants for frequent cleaning of high-touch surfaces, shared client care equipment /areas, and after visitation <input type="checkbox"/> Alcohol-based hand rub and appropriate hand hygiene products available for clients, staff, and visitors. <input type="checkbox"/> Tissues and waste receptacles for respiratory etiquette <input type="checkbox"/> Staff are following training related to hand hygiene, cough etiquette, PPE use, and laundry 		
NOTES					
Yes	No	N/A	D. Infection Control Standards, Policies and Procedures		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe staff are following standard precautions: <ul style="list-style-type: none"> <input type="checkbox"/> Proper hand hygiene – technique, timing before and after care, availability of alcohol-based hand rub (AHBR) or sink with soap and water <input type="checkbox"/> Appropriate staff use of PPE (gloves for bodily fluids, gowns, and gloves for contact precautions, and correct donning and doffing) <input type="checkbox"/> Respiratory hygiene / cough etiquette (availability of tissues, trash, covering cough and sneezes) <input type="checkbox"/> Client placement (isolation) if needed <input type="checkbox"/> Cleaning and disinfecting care equipment and environment (correct technique, timing, and appropriate product use) <input type="checkbox"/> Safe laundry and textile handling (dedicated laundry processing area, separate clean / dirty laundry, do not hold dirty laundry against the body, leak proof bags for wet linen) <input type="checkbox"/> Safe injection practice (clean designated preparation area, disinfect before piercing, new needle, and syringe for containers) <input type="checkbox"/> Sharps safety (dedicated clearly labeled sharps container, container replaced before overfilling) 		

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If COVID-19 is suspected, a NIOSH approved N95 or higher-level respirator is used along with gown, gloves, face shield or goggles. • If PPE is not available, the home shows diligence and effort to obtain PPE.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review: <input type="checkbox"/> Written Infection Control policies and procedures to prevent the spread of infection. <ul style="list-style-type: none"> Standard Precautions (see list under Observations) Transmission-based precautions Reference to National, state and/or local standards Outbreak management <ul style="list-style-type: none"> Steps to take for infectious disease outbreak including reporting, cohorting, isolation, use of PPE How IPC information / plan will be shared with clients, staff, visitors <input type="checkbox"/> Respiratory Protection Program per Chapter 296-842, Respirators (fit tested N95 respirators, training, and medical clearance to wear an N95 respirator). <ul style="list-style-type: none"> Written Program (identified administrator or designee, hazards identified, respirator selection, program evaluation) Medical Evaluation to wear a N95 respirator (questionnaire, clearance, frequency) Training (purpose, use, disposal, storage, limitations, frequency, emergency) Fit Testing (initial, annual, after any physical change) Record Keeping (medical clearance approval, training records, Fit Test result) <input type="checkbox"/> Sick Leave Policies. <ul style="list-style-type: none"> The provider has a process to manage staff with fever and symptoms of COVID-19 and other respiratory infections. The provider has sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill staff to stay home. <input type="checkbox"/> Contingency Staffing Plan identifies the minimum staffing needs and prioritizes critical and non-essential services based on clients' health status, functional limitations, disabilities, and essential facility operations. The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides education and/or training about the following: <ul style="list-style-type: none"> Educates staff, clients and/or representatives on COVID-19 symptoms, precautions, hand hygiene and PPE and standard precautions. Educates staff on IPC policy and recommended IPC practices in the clients' homes. Educates clients on importance of COVID-19 (e.g., symptoms, how it is transmitted), precautions and IPC prevention measures taken in the home, including when staff are not present. 		

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Yes	No	N/A	E. Group Activities and Communal Dining			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group Activities and Communal Dining: <ul style="list-style-type: none"> • Provides 24/7 services: <ul style="list-style-type: none"> ○ Clients will not participate in group activities until they have discontinued Transmission-Based Precautions for SARS-CoV-2 illness. • Provides less than 24/7 services: <ul style="list-style-type: none"> ○ Discourages positive or suspected COVID-19 positive clients from participating in activities. 			
Yes	No	N/A	F. Cohorting and Dedicated Staff			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Displays effective cohorting of clients, if possible. <ul style="list-style-type: none"> • Collaborates with DOH or the LHJ to conduct an outbreak investigation. • Dedicates a space for isolation and/or cohorting and managing care for clients with COVID-19 or if unable to cohort clients, have a plan. 			
NOTES						
Other Requirements to Consider						
<ul style="list-style-type: none"> • Reporting to CRU as requested by RCS when there are allegations of a provider's inaction or negligent actions / practices related to ICP. • Refer to the RCS Infection Prevention and Control Assessment Standard Operating Procedures. 						
Compliance Decision						
Regulatory Requirement					Met	Not Met
<u>WAC 388-101D-0060</u> Policies and procedures. (1) The service provider must develop, implement, and train staff on policies and procedures to address what staff must do: In emergent situations that may pose a danger or risk to the client or others, such as in the event of death or serious injury to a client; (g) Related to emergency response plans for natural or other disasters;					<input type="checkbox"/>	<input type="checkbox"/>
<u>WAC 388-101D-0170</u> Physical and safety requirements. (2) The service provider must ensure that the following home safety requirements are met for each client unless otherwise specified in the client's individual support plan: (a) A safe and healthy environment;					<input type="checkbox"/>	<input type="checkbox"/>

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<u>WAC 388-101D-0125</u> Client rights. (5) The right to be free from harm, including unnecessary physical restraint, isolation, excessive medication, abuse, neglect, abandonment, and financial exploitation;		<input type="checkbox"/>	<input type="checkbox"/>
<u>WAC 388-101D-0145</u> Client services. Service providers must provide each client instruction and/or support to the degree the individual support plan identifies the service provider as responsible. Instruction and/or support to the client may include but are not limited to the following categories: (4) Health and safety activities;		<input type="checkbox"/>	<input type="checkbox"/>
<u>WAC 388-101-3020</u> Compliance. The service provider must be in compliance with: (5) Other relevant federal, state and local laws, requirements, and ordinances. (Has written Respiratory Protection Program and records for training, medical clearance approval and fit testing per Chapter 296-842 WAC Respirators.)		<input type="checkbox"/>	<input type="checkbox"/>
Resource Links			
<ul style="list-style-type: none"> • Washington State Local Health Departments and Districts • ALTSA Provider / Administrator Letters • Definitions: HC-Outbreak-Definition.pdf (cste.org); FLU Outbreak definition 			
COVID-19 Guidance Documents			
<ul style="list-style-type: none"> • CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic • DOH SARS-CoV-2 Infection Prevention and Control in Healthcare Settings Toolkit 			
Definitions			
<ul style="list-style-type: none"> • “Source Control” is defined as the use of well-fitted masks, facemasks, or respirators to cover a person’s mouth and nose to prevent the spread of respiratory illnesses. Clients and visitors may wear cloth masks for source control. LTCW are not allowed to wear cloth masks for source control. LTCW must wear a medical grade procedure mask. Anyone may wear a higher-level mask such as a respirator or KN95 mask for source control if desired. Source Control can be used by LTCW for an entire shift unless they become soiled, damaged, or hard to breathe through. Once removed for any reason, masks should be discarded. • “Eye Protection” are goggles or a face shield that covers the front and sides of the face. • “Cohorting” is defined as group of individuals with the same condition in the same location / area. The Goal is to minimize interaction of infections individuals. 			