

PROVIDER / FACILITY NAME		LICENSE NUMBER
LICENSOR'S NAME	DATE(S)	<input type="checkbox"/> Inspection / Evaluation <input type="checkbox"/> Complaint Investigation



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
RESIDENTIAL CARE SERVICES (RCS)
ADULT FAMILY HOME (AFH) • ASSISTED LIVING FACILITY (ALF) • ENHANCED SERVICES FACILITY (ESF)

RCS (AFH, ALF, AND ESF) Community Program Infection Prevention (IP) 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 / homes compliance with strategies to prevent the spread of COVID-19 and other communicable diseases. Submit from 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.

Refer to the Safe Start for Long Term Care Recommendations and Requirements: AFH, ALF, and ESF [Safe Start for Long Term Care Recommendations and Requirements](#).

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

- A. Testing, Reporting, and Monitoring
- 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 resident / client home?

- 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)

Infection Control Coordinator and Instructions			
<ul style="list-style-type: none"> • Check Yes, No, or N/A on this Pathway. If No is checked, document finding on the IP Assessment notes form specific to this Assessment. • Refer to the Safe Start Plan for LTC Facilities for each phase's entry criteria. 			
Definitions			
<ul style="list-style-type: none"> • "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 Department of Health (DOH) website to find this information: https://www.doh.wa.gov/Emergencies/Coronavirus • "Facility / Home" is defined as any RCS Community LTC setting reference (home, facility, or provider). • "Repeat and Outbreak testing" is defined as Interim COVID-19 Outbreak Definition for Healthcare Settings. • "Universal Masking" is defined as a critical tool to protect staff and residents from being infected by asymptomatic and pre-asymptomatic individuals implemented in a facility / home. 			
Yes	No	N/A	A. Testing, Reporting, and Monitoring
Testing			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Access to adequate COVID-19 testing for all residents and staff.</p> <ul style="list-style-type: none"> • Working with local and state public health to coordinate testing based on (CDC, DOH, and LHJ) guidance. • Capacity for fast turnaround testing and ongoing testing for residents / clients / staff with signs and symptoms or had exposures per State and Federal Guidelines.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Outbreak testing will occur when a new facility / home onset of COVID-19 positive residents occurs that meets the outbreak definition.</p> <ul style="list-style-type: none"> • Refer to Safe Start Plan for LTC Facilities for guidance of size of facility regarding testing and recommendations.
Reporting			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Facility / home communicates information about known or suspected COVID-19 to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities.</p> <ul style="list-style-type: none"> • Notify residents / clients, resident representatives, and other appropriate contacts of known or suspected outbreaks or exposure.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Facility / home notifies DOH and LHJ about any of the following:</p> <ul style="list-style-type: none"> • COVID-19 is suspected or confirmed in a resident or healthcare provider. • A resident with severe respiratory infection. • Refer to the Interim COVID-19 Outbreak Definitions in the Safe Start Plan for LTC.
Monitoring			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>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.</p> <ul style="list-style-type: none"> • Facility / home keeps a list of symptomatic HCP.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Facility / home assesses residents daily for fever and symptoms of respiratory infection upon admission and daily throughout their stay in the facility.</p> <ul style="list-style-type: none"> • Facility / home keeps a list of symptomatic residents.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional actions when COVID-19 is identified in the community (some facilities may choose to implement these earlier):

			<ul style="list-style-type: none"> Actively monitor all residents (at least daily) for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat)
Yes	No	N/A	B. Visitation and Screening (essential and non-essential personnel, residents, and of-site visits)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Visitation can be conducted through different means per residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, or compassionate care situations.</p> <ul style="list-style-type: none"> Facility / home established criteria for restricting visitation. Providers will enable visits to be conducted with an adequate degree of privacy whenever possible. Visitation followed a person-centered approach and adhered to the Safe Start core principles. Adhere to and follow the Fire Marshall requirements and the outdoor visitation guidance. Adhere to the indoor and outdoor visitation principles in the Safe Start Plan. Follow the Safe Start Plan for LTC Facilities regarding: sanitation; social distancing; size off facility / home; PPE; and screening. Visitor's log information will include date, time in, name of visitor and their contact information, including phone number and email address if available If visitation is restricted, see Outbreak visitation and restrictions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Must provide Ombuds or Resident Rights Advocates access to the residents via virtual format, outdoor / window visits, or in person, and may not deny access without reasonable cause.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>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.</p> <ul style="list-style-type: none"> Full PPE when appropriate. Adhere to the Compassionate Care Visitation Guidelines in the Safe Start Plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Facility / home posted signs at entrances to the facility directing that only essential Health Care Personnel are allowed and directing those people to check-in with a screener before entering the building.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Outbreak visitation and restrictions</p> <ul style="list-style-type: none"> Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in person for compassionate care situations. Follow CDC guidelines. If 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. Refer to Indoor Visitation during an Outbreak Guidelines in the Safe Start Plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Facility / home screens all visitors and personnel about the following and restricts anyone with:</p> <ul style="list-style-type: none"> Fever or symptoms of respiratory infection. Has had 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. Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in person for compassionate care situations. Follow CDC guidelines.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>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.</p> <ul style="list-style-type: none"> Healthcare workers who are not employed by the facility but provide direct care to the residents are permitted to come into the facility after being screened and need to adhere to the core principles.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Offsite Visits (appointments and trips physically outside of the facility):</p> <ul style="list-style-type: none"> Providers must use the Risk Assessment template to assess each resident for any COVID-19 exposure after returning from offsite visits to determine if the resident is low, medium, or high risk. Adhere to the Safe Start Plan for LTC Facilities for residents making personal visitation / trips outside of the facility / home.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Additional actions when COVID-19 is identified in the community (some facilities may choose to implement these earlier):</p> <ul style="list-style-type: none"> 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).
Yes	No	N/A	C. Personal Protection Equipment (PPE)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Facility / home evaluated current supply of PPE and other critical materials / disinfectants / cleaning supplies (e.g., alcohol-based hand rub, EPA-registered disinfectants, and tissues).</p> <ul style="list-style-type: none"> The facility performs and maintains an inventory of PPE to assure at least a 14-day supply using the CDC PPE burn rate calculator: CDC Burn Rate Calculator. Disinfectants for COVID-19 (EPA-registered, List N, see Safe Start Plan for LTC Facilities) available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. These items should be used and prepared in accordance with the label instructions. The facility performs and maintains an inventory of disinfection and cleaning supplies for residents and clients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Facility / home made efforts to get any needed PPE / supplies.</p> <ul style="list-style-type: none"> If PPE shortages are identified or anticipated, facility engaged their healthcare coalition for assistance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Hand hygiene supplies available in all resident care areas.</p> <ul style="list-style-type: none"> 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. If there are shortages of ABHR, hand hygiene using soap and water is expected.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>PPE available in resident care areas (e.g., outside resident rooms). PPE includes gloves, gowns, facemasks, N95 or higher-level respirators (if facility has a respiratory protection program and HCP are fit-tested) and eye protection (face shield or goggles). If facility does not have N95 respirators, facemasks should be used.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Tissues are available in common areas and resident rooms for respiratory hygiene and cough etiquette and source control.</p>
Yes	No	N/A	D. Infection Control Standards, Policies, Procedures, and Education
Infection Control Standards / Practices, Policies, and Procedures			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Residents with suspected respiratory infections are immediately placed in appropriate transmission-based precautions.</p>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residents with COVID-19 should remain on transmission-based precautions until: <ul style="list-style-type: none"> • At least 14 days after illness onset OR • 72 hours after resolution of fever (off antipyretics) and symptoms improved, whichever is longer.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs indicating a resident on transmission-based precautions and required PPE are clear and visible on the door or next to the door. <ul style="list-style-type: none"> • Protect and promote resident and client rights while following standards of infection control practices.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff are able to successfully verbalize the PPE required before entering a resident's room.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility / home established a criteria for closing units / areas or the entire facility to new admissions, transfers, and restricting visitation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility / home has a 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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCP perform hand hygiene in the following situations (with or without PPE worn): <ul style="list-style-type: none"> • Before resident contact • After contact with the resident • After contact with blood, body fluids or contaminated surfaces or equipment • Before performing a clean technique procedure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCP wear the following PPE when in contact and caring for residents with suspected respiratory illness (e.g., fever, cough, shortness of breath, fatigue): <ul style="list-style-type: none"> • Gloves • Isolation gown • Facemask • Eye protection (e.g., goggles or face shield)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If COVID-19 is suspected, an N95 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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPE removed in a manner to prevent self-contamination, hand hygiene is performed, and new PPE is put on after each resident.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The facility / home must establish policies and procedures around tours of the home which should include when tours will occur, screening process before entry of visitor(s) into the home, movement about the facility during the tour, and adherence to core principles of infection prevention.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The facility / home must establish policies and procedures outlining how the number of visitors per resident at one time and the total number of visitors in the facility at one time (based on the size of the building and physical space) may affect the ability to maintain the core principles of infection prevention. The facility must also take into consideration work schedules of visitors and include allowances for evening and weekend visits.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional actions when COVID-19 is identified in the community / facility (some facilities may choose to implement these earlier)

			<ul style="list-style-type: none"> • Implement universal masking for HCP while in the facility / home • 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.
Education			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Facility / home provided education and refresher training to HCP (including consultant personnel) 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility / home provided education on any changes to usual policies / procedures in response to PPE or staffing shortages
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Facility / home provided education to residents about the following:</p> <ul style="list-style-type: none"> • 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, wearing mask, 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)
Yes	No	N/A	E. Medical and Non-Medical Transportation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Facility / home uses the Risk Assessment template to assess COVID-19 exposure risk for each resident.</p> <ul style="list-style-type: none"> • Prior to and after community visits. • Letters are sent to families when residents are preparing for community activities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Medically and Non-Medically Necessary Trips</p> <ul style="list-style-type: none"> • Assessed and implemented appropriate phase requirements for infection prevention requirements (PPE, social distancing, quarantine period, observation, hand hygiene, and sanitization). • Transportation staff, at a minimum, must wear a facemask. Additional PPE may be required. • Telemedicine used when possible.
Yes	No	N/A	F. Group Activities, Communal Dining, and On-site Personal Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Facility / home has taken action to minimize group activities inside the facility or field trips outside of the facility.</p> <ul style="list-style-type: none"> • Group activities facilitated with social distancing and infection control prevention practices are followed. • Facility / home established criteria for halting group activities and communal dining. • Created policies for universal masking, social distancing, scheduling, number of visitors, locations, and minimized resident risk for indoor /

			<p>outdoor group activities.</p> <ul style="list-style-type: none"> Assisted residents in finding personalized activities through virtual means.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Residents eat in same room with social distancing, placed along with additional considerations based on COVID-19 infections in the facility based on each phase.</p> <ul style="list-style-type: none"> Separate residents in COVID-19 positive units / areas from dining with residents in COVID-19 infections in the facility. Proper environmental cleansing between meals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Facility / home ensured all non-essential Personnel adheres to the requirements based on each phase (beautician / barber / hair stylist / nail technician).</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Facility / home followed the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Facilities (LTCFs) Facility / Personal Services.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Additional actions when COVID-19 is identified in the community (some facilities may choose to implement these earlier):</p> <ul style="list-style-type: none"> Cancel group field trips and activities and consider cancelling communal dining. If a resident leaves their room, they should wear a facemask, perform hand hygiene, limit movement in the facility and perform social distancing.
Yes	No	N/A	G. Cohorting and Dedicated Staff Caring for Residents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The facility / home displayed effective cohorting of residents (e.g. separate areas dedicated to COVID-19 care) if possible.</p> <ul style="list-style-type: none"> Facility / home has a plan in place to manage admissions, residents attending outside medically-needed appointments and monitor staff who work with multiple residents / agencies. Facility / home has a dedicated place to care for COVID-19 or transfer to a COVID-19 positive facility / home based on facility / home size. Follow LHJ guidance for isolation and cohorting of residents.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>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):</p> <ul style="list-style-type: none"> Implement protocols for cohorting ill residents with dedicated HCP
Other Requirements to Consider			
<ul style="list-style-type: none"> Reporting to CRU requirements (Refer to the Program specific guidebook). Refer to the Infection Prevention Assessment Standard Operating Procedures. Reference the RCS Field Staff Guidance. 			