

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 (ALISA)
RESIDENTIAL CARE SERVICES (RCS)
ADULT FAMILY HOME (AFH) • ASSISTED LIVING FACILITY (ALF) • ENHANCED SERVICES FACILITY (ESF)
**RCS (AFH, ALF, and ESF) COVID-19 Infection Prevention and Control (IPC)
Assessment Pathway**

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

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 plan.** Administrators must develop a [plan](#) with action steps for understanding risk, testing, treatment, precautions, and what to do if clients have symptoms, test positive or are exposed to COVID-19.

Infection Control Form 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 [00-412A](#).

Offsite Preparation:

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

- ☐ [Standard Precautions](#) ☐ [Centers for Disease Control \(CDC\) Return to Work Guidance for Healthcare Workers](#) ☐ [Outbreak definition](#)
☐ [Respiratory Protection Program](#) ☐ [DOH SARS-CoV-2 Infection Prevention and Control in Healthcare Settings Toolkit](#) (wa.gov)
☐ [CDC COVID-19 Guidance](#)

Determine communicable disease outbreak in home: ☐ Yes ☐ No

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

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 residents and staff. <ul style="list-style-type: none"> Working with local and state public health to coordinate testing based on (CDC, DOH, and LHJ) guidance if needed. 		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Testing of staff and residents will occur when the definition of an outbreak is met. Outbreak is defined as: COVID-19 <ul style="list-style-type: none"> ≥ 1 long term care facilities and agencies-acquired COVID-19 infection in a resident ≥ 3 suspect, probable, or confirmed COVID-19 cases 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) for cases and outbreaks, and Compliant Resolution Unit (CRU) for outbreaks. Facilities are <u>asked (but not required)</u> to notify CRU when COVID-19 is suspected or confirmed for residents or healthcare personnel.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notifies residents, resident representatives, and other appropriate contacts of known or suspected outbreaks or exposure.		
Routine IPC Practices					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Follows LHJ Guidance during any disease outbreak. <input type="checkbox"/> Follows return to Work Guidance <input type="checkbox"/> Self-Screening and Monitoring. Instructs HCP (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection, as a part of routine practice. <input type="checkbox"/> Encourage everyone to remain up to date with all recommended COVID-19 vaccine doses. Offers HCP, residents, and visitors resources and counsel about the importance of receiving the COVID-19 vaccine. Encourages everyone to remain <u>up to date</u> with all recommended COVID-19 vaccine doses.		
NOTES					
Yes	No	N/A	B. Visitation		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides accommodations to allow visitations for all clients regardless of vaccination status. <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, offers them PPE, and provides basic instruction on use. 		

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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). 		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 residents, 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 resident care equipment /areas, and after visitation. <input type="checkbox"/> Alcohol-based hand rub and appropriate hand hygiene products are available for residents, 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. <ul style="list-style-type: none"> • 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 (ALF, ESF), and procedures (AFH) 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 residents, 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 facility has a process to manage HCP with fever and symptoms of COVID-19 and other respiratory infections. • The facility has sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill HCP to stay home. <input type="checkbox"/> Contingency Staffing Plan identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' 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 training about the following: <ul style="list-style-type: none"> <input type="checkbox"/> COVID-19 symptoms and prevention <input type="checkbox"/> Standard precautions including hand hygiene, use of PPE, respiratory hygiene / cough etiquette, isolation, cleaning and disinfecting care equipment and environment, safe handling of laundry and sharps, safe injection practice. <input type="checkbox"/> Transmission-based precautions, when and how to use and dispose of PPE. <input type="checkbox"/> IPC policy and recommended IPC practices in the facility. <input type="checkbox"/> Sick leave policies and importance of not reporting or remaining at work when ill. <input type="checkbox"/> What to do in an emergency related to IPC, including how to respond to an outbreak of contagious infectious disease 		
NOTES					

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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 occurs when: <input type="checkbox"/> Residents will not participate in group activities until they have discontinued Transmission-Based Precautions for SARS-CoV-2 illness.						
NOTES									
Yes	No	N/A	F. Cohorting and Dedicated Staff						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Displays effective cohorting of residents, 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 residents with COVID-19 or if unable to cohort residents has a plan to mitigate risk or spreading infection in the home. 						
NOTES									
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 and Control Assessment Standard Operating Procedures. 									
Compliance Decision									
Regulatory Requirement							N/A	Met	Not Met
AFH	WAC 388-76-10255 Infection control . The adult family home must develop and implement an infection control system that: (1) Uses nationally recognized infection control standards.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WAC 388-76-10400 Care and services . (3) The care and services in a manner and in an environment that: (b) Actively supports the safety of each resident.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WAC 388-76-10015 License — Adult family home — Compliance required. (1) The licensed adult family home must comply with all the requirements established in chapters 70.128, 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW. (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"/>	<input type="checkbox"/>
ALF	WAC 388-78A-2610 Infection control . (1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections. (2) The assisted living facility must: (e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	WAC 388-78A-2730 Licensee's responsibilities. (1) The assisted living facility licensee is responsible for: (b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules. (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"/>	<input type="checkbox"/>
ESF	WAC 388-107-0440 Infection control system . (1) The enhanced services facility must: (a) Establish and maintain an effective infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WAC 388-107-1100 Licensee's responsibilities. Licensee's responsibilities. (1) The enhanced services facility licensee is responsible for: (b) Complying at all times with the requirements of this chapter, chapter 70.97 RCW, and other applicable laws and rules. (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"/>	<input type="checkbox"/>
Resource Links <ul style="list-style-type: none"> Washington State Local Health Departments and Districts ALTSA Provider / Administrator Letters Outbreak Definition COVID-19 Outbreak-Definition.pdf (cste.org) 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"> “Cohorting” is defined as grouping of individuals with the same condition in the same location / area. The goal is to minimize interaction of infected individuals. “Home / Setting / Community Setting” is defined as any RCS Community LTC setting references (home, facility, or provider). “Eye Protection” are goggles or a face shield that covers the front and sides of the face. “Resident” is defined as anyone dwelling in an RCS Community setting. “Source Control” is defined as the use of well-fitted cloth masks, facemasks, or respirators to cover a person's mouth and nose to prevent the spread of respiratory illnesses. Residents and visitors may wear cloth masks for source control. HCP are not allowed to wear cloth masks for source control. HCP must wear a medical grade procedure mask. Anyone may wear a higher-level mask such as a NIOSH-approved respirator or KN95 mask for source control if desired. Source Control can be used by HCP for an entire shift unless they become soiled, damaged, or hard to breathe through. Once removed for any reason, masks should be discarded. 					