RCS (AFH, ALF, and ESF) Community Program Infection Prevention and Control (IPC) Assessment Pathway

RCS staff will use the IPC Pathway or tool to evaluate the homes compliance with IPC practices. 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.

Refer to the Safe Start for Long Term Care (LTC) Recommendations and Requirements: AFH, ALF, and ESF. In preparation for this visit, print out, or have access to the most updated Safe Start Plan. Click here for link to the Safe Start Plan.

The IPC Assessment includes a review of CDC DOH strategies for the prevention and spread of communicable diseases in LTC settings.

A. Testing, Reporting, and Screening
B. Visitation and New Admissions
C. Personal Protective Equipment (PPE)
D. Infection Control and Prevention, Policies, and Procedures
E. Group Activities and Communal Dining
F. Cohorting

Offsite Preparation, identify the following:
- [ ] Licensor reviewed the Governor’s Proclamations and Emergency Rules. Link to the Waiver Tracker (click on program, then waiver tracker).

Determine COVID-19 or communicable disease outbreak present in setting: [ ] Yes [ ] No
- [ ] If outbreak, contacted / collaborated with the DOH and/or Local Health Jurisdiction (LHJ): [ ] Yes [ ] No

Community Transmission Rate . Link for COVID Data Tracker.

PPE / source control plan for onsite visit: [ ] Yes [ ] No

Upon entrance, identify / observe the following:

Visitation guidelines posted and screening at entrance: [ ] Yes [ ] No
Active or suspected COVID-19 / communicable disease present in setting: [ ] Yes [ ] No
Staff and residents wearing source control: [ ] Yes [ ] No

Any Aerosol Generating Procedures (AGP) (when there is substantial to high COVID-19 community transmission): [ ] Yes [ ] No

If yes, who / where:
## Infection Control Coordinator and 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.

## Definitions

- "Aerosol Generating Procedures" (AGP) is a procedure performed on residents that is more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These AGPs potentially put healthcare staff and others at an increased risk for pathogen exposure and infection. Commonly performed AGPs are BiPAP’s, C-PAP’s, and Nebulizers (unless used with HEPA filter).
- "Home / Setting / Community Setting" is defined as any RCS Community LTC setting references (home, facility, or provider).
- "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 nice to prevent the spread of respiratory illnesses.

## Resource Links

- [https://www.doh.wa.gov/Emergencies/Coronavirus](https://www.doh.wa.gov/Emergencies/Coronavirus)
- Washington Department of Health Dashboard
- Washington State Local Health Departments and Districts
- ALTSA Provider / Administrator Letters

### A. Testing, Reporting, and Screening

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#### Testing

- Access to adequate COVID-19 testing for all residents and staff.
  - Working with local and state public health to coordinate testing based on (CDC, DOH, and LHJ) guidance if needed.
  - Capacity for fast turnaround testing and ongoing testing for residents / staff with signs and symptoms or had exposures per State and Federal Guidelines.

#### Outbreak testing of all staff and residents will occur when the definition of an outbreak is met. Outbreak is defined as:

- > 1 long term care facilities and agencies-acquired COVID-19 infection in a resident
- > 2 COVID-19 infections in HCWs who were on-site in the long-term care facility or agency at any time during their infectious period OR during their exposure period and has no other known or more likely exposure source.

#### Reporting

- Communicates information about known or suspected COVID-19 to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities.
  - Notify residents, resident representatives, and other appropriate contacts of known or suspected outbreaks or exposure.
Notifies DOH, LHJ, and CRU when COVID-19 is suspected or confirmed for residents or healthcare personnel.

### Screening

- Active screening and reviewing of all who enters for signs and symptoms of COVID-19.
  - Temperature checks,
  - Questionnaire about symptoms and potential exposure,
  - Observation of any signs or symptoms, and
  - Anyone entering have cloth face covering or face mask.
- Maintain a screening log for 30 days

### B. Visitation and New Admissions

- Provides accommodations to allow visitations for all residents regardless of vaccinations status.
  - Follows State or LHJ guidance if stricter visitation guidance.
  - RESOURCE: Refer to the Safe Start Plan for indoor and outdoor visitation requirements and how to determine visitation status for unvaccinated residents [here](#).
- Uses the Risk Assessment template to determine residents’ risk of exposure upon returning to the home from offsite visits.
  - Provides a letter to families and residents outlining the potential risk involved in community activities / outings.
  - Encourages residents to wear a cloth face covering or face mask.
  - Shares COVID-19 status with transportation.
  - Transportation staff wears source control and sanitize between transports.
  - RESOURCE: Dear Administrator letter [AFH 020-027](#), [ALF 020-028](#), [ESF 020-021](#) for details regarding residents leaving the facility for non-medically necessary trips.
- Provides immediate access to Ombuds or Resident Rights Advocates.
- Follows guidance for Medically Necessary Providers, Services, Health Care Workers and Non-Healthcare Personnel:
  - Actively screened upon entrance to the setting.
  - Wear appropriate source control and social distance as much as possible.
  - Non-healthcare personnel not allowed in building if in outbreak status when cohorting is not possible.
  - Beautician / barber / nail technician have designated spaces.
- Adheres to visitation guidance during an outbreak.
**C. Personal Protection Equipment (PPE)**

- Evaluates PPE supplies and other critical materials / disinfectants / cleaning supplies (e.g., alcohol-based hand rub, EPA-registered disinfectants, and tissues).
  - Maintains an inventory of PPE to assure at least a 14-day supply.
  - Disinfectants for frequent cleaning of high-touch surfaces, shared resident care equipment, and after visitation.
  - Supplies alcohol-based hand rub and appropriate hand hygiene options for resident, staff, and visitors.

* AFH providers / staff who live in the home for guidance:
  - If provider / staff and/or their visitors are in the same room as a resident, proper source control worn and social distancing from any unvaccinated residents is worn.

**D. Infection Control Standards, Policies, and Procedures**

- Displays instructional signage throughout the setting:
  - COVID-19 signs and symptoms
  - Infection control practices
  - Other applicable practices
  - Current outbreaks and potential exposure

- Observed proper hand hygiene, face covering or masks (covering mouth and nose), use of eye protection when required, social distancing at least six feet between persons, cleaning and disinfecting and appropriate staff use of PPE.
If COVID-19 is suspected, an N95 or higher-level respirator is used. If an N95 is not available, the setting shows an effort to obtain PPE.

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Have written policies and procedures for:
- Visitation.
- Screening, new admissions and transfers of residents.
- A plan outlining cohorting and other infection control measures.
- Respiratory Protection Program per Chapter 296-842, Respirators (fit tested N95 respirators, training and medical clearance to wear an N95 respirator).

LTC setting follows the requirements for “worker” vaccination, exemption, and accommodations. COVID-19 Vaccination Requirement Proclamation 21-15.

Provide education and training 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),
- Cleaning and disinfecting environmental surfaces and resident care equipment

Follows AGP’s guidance to prevent transmission during AGPs and other procedures.

E. Group Activities and Communal Dining

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Group Activities and Communal Dining occurs when:
- When all residents are vaccinated, they are not required to social distance or wear source control.
- When unvaccinated residents are present, all residents wear source control (when not eating) and unvaccinated residents’ social distance from each other.
- When vaccination status is unknown for anyone, all participants wear source control and practice social distancing.

No participation in communal activities / dining if:
- Vaccinated and unvaccinated residents with SARS-COV-2 infection or isolated because of suspected COVID-19 (anyone on Transmission-Based Precautions - TBP) until they have met the criteria to discontinue TBP.
Vaccinated and unvaccinated residents in quarantine until they have met criteria for release from quarantine.

Displays effective cohorting of residents, if possible.
  - Collaborates with DOH or the LHJ to conduct an outbreak investigation.
  - Dedicates a space for cohorting and managing care for residents with COVID-19 or if unable to cohort residents.

Other Requirements to Consider
  - Reporting to CRU requirements (Refer to the Program specific guidebook).
  - Refer to the Infection Prevention and Control Assessment Standard Operating Procedures.
  - Reference the RCS Field Staff Guidance.