



AGING AND LONG-TERM SUPPORT ADMINISTRATION
 ADULT FAMILY HOME (AFH)
 ASSISTED LIVING FACILITY (ALF)
 ENHANCED SERVICES FACILITY (ESF)

**Infection Prevention (IP)
 Assessment Tool for COVID-19**

FACILITY NAME	LICENSE NUMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR/COMPLAINT INVESTIGATOR NAME	INTAKE NUMBER

Instructions: Use this form to assess licensee's compliance with strategies to prevent the spread of COVID-19. Evaluate steps of prevention through questions, observations of practices, interview, and record review. Submit this form with working papers if used for the IP Assessment.

Safe Start for Long Term Care (LTC) Phases: Phase 1 Phase 2 Phase 3 Phase 4.

Refer to Safe Start for LTC Recommendations and Requirements for more guidance.

TESTING, REPORTING, AND MONITORING	YES	NO	N/A				
Adequate COVID-19 testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criteria for closing areas, admission, transfers and visitation were established and followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outbreak testing occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Reported known or suspected COVID-19 outbreaks to personnel, DOH, and LHJ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care equipment and environment cleaned and disinfected after each use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitored infection control practices and symptoms for residents and staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies / Procedures established for screening, PPE, infection control practices, visitation and other requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISITOR AND SCREENING	YES	NO	N/A				
Screened all visitors and personnel and adhered to restrictions including exceptions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provided education to residents and staff regarding infection control practices, visitation and PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conducted visitations following guidance and requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEDICAL AND NON-MEDICAL TRANSPORTATION	YES	NO	N/A
Provided Ombuds, Resident Rights Advocates access to residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used Risk Assessment template to assess COVID exposure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posted signs at entrances for visitation and screening instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Followed PPE and sanitization requirements for Medical, Non-Medical Trips, and visitations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adhered to outbreak visitation and restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GROUP ACTIVITIES, DINING, AND PERSONAL SERVICES	YES	NO	N/A
Used the Risk Assessment template for offsite visits as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Followed social distancing, sanitation, and infection control prevention requirements for group activities and visitations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL PROTECTIVE EQUIPMENT (PPE)	YES	NO	N/A				
Evaluated supply of PPE, disinfectants, cleaning supplies and made readily available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Established and offered alternate options for activities and visitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplied hand hygiene supplies in all resident care areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensured non-essential personnel adhered to infection prevention requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided PPE in resident care areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Followed the Interim Supplemental Guidance for Group / Communal Dining?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Ensured PPE was available and used during activities and personal services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INFECTION CONTROL STANDARDS, POLICIES, PROCEDURES, AND EDUCATION	YES	NO	N/A				
Residents with suspected or confirmed COVID-19 were placed on TBP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensured infection prevention measures were taken when an outbreak occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signage indicated residents on TBP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COHORTING AND DEDICATED STAFF CARING FOR RESIDENTS	YES	NO	N/A
PPE and hand hygiene requirements were observed and verbalized correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Displayed effective cohorting of residents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Followed the LHJ for isolation and cohorting residents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

