

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

## Infection Prevention and Control (IPC) Assessment Tool for COVID-19

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

**Instructions:** RCS staff will use the IPC Tool (or Pathway) to evaluate the home's compliance with IPC practices. Assess elements through observation, interview, and record review. Submit this form with working papers.

Check "Yes," "No," or "N/A" on this tool. If "No" is checked, document findings in the notes section and/or on [DSHS 00-412A](#).

The IPC Assessment includes a review of CDC DOH strategies for the preventions and spread of communicable diseases in Long-Term Care (LTC) settings. The Tool 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](#) so they have all the information needed on hand if clients get sick with COVID-19.

### Offsite Preparation:

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

Determine communicable disease outbreak in home: ☐ Yes ☐ No

PPE / source control plan for on-site visit: ☐ None needed ☐ Source control / eye protection, if indicated ☐ 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.

A. Testing, Notification, and Routine IPC Practices	Yes	No	N/A	Notes
<b>Testing</b>				
Access to adequate COVID-19 testing for residents and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outbreak testing for staff and residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Notification</b>				
Communicates known or suspected COVID-19 outbreaks and cases to Local Health Jurisdiction (LHJ) and Outbreaks to Complaint Resolution Unit (CRU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communicates information about known or suspected communicable disease before transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Residents, representatives, staff, and visitors notified of COVID-19 cases and about potential exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Routine IPC Practices</b>				
Follows return to work guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
System for staff self-Screening and monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Offers vaccine resources and encourages everyone to remain up to date with all recommended COVID-19 vaccine doses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Established process to identify and manage individual with exposure, suspected, or confirmed SARS-CoV-2 infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Visitation	Yes	No	N/A	Notes
Provides accommodation for visitation for all residents, regardless of vaccination status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provides residents immediate access to Ombuds and Resident Rights Advocates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adheres to LHJ visitation guidance during an outbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visitors follow CDC isolation and exposure guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Providers do not need to verify visitor vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. IPC Supplies and Use	Yes	No	N/A	Notes
Ask provider how they determine adequate PPE supplies, disposal, disinfectant, hand hygiene supplies, tissues / waste receptacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ask provider how they know staff are following IPC training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Infection Control Standards, Policies AND Procedures	Yes	No	N/A	Notes
<b>IPC Standards</b>				
Observe staff are following standard precautions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Proper hand hygiene				
<input type="checkbox"/> Appropriate staff use of PPE				
<input type="checkbox"/> Respiratory hygiene / cough etiquette				
<input type="checkbox"/> Resident placement (isolation) if needed				
<input type="checkbox"/> Cleaning and disinfecting care equipment and environment				
<input type="checkbox"/> Safe laundry and textile handling				
<input type="checkbox"/> Safe injection practice				
<input type="checkbox"/> Sharps safety				
If COVID-19 is suspected, NIOSH-approved N95 or higher-level respirator is used along with gown, gloves, and eye protection. Shows effort to obtain if PPE not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>IPC Policies and Procedures</b>				
<u>Has written IPC policies and procedures:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Standard precautions (see list under Observations)				
<input type="checkbox"/> Transmission based precautions				
<input type="checkbox"/> Reference National / State Standards				
<input type="checkbox"/> Outbreak management				
<u>Administrative Policies:</u>				
<input type="checkbox"/> Respiratory Protection Program (RPP)				
<input type="checkbox"/> Sick Leave and ill staff management				
<input type="checkbox"/> Contingency staffing plan				
Provides education and training on COVID-19, sick leave, and IPC practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

E. Group Activities and Communal Dining		Yes	No	N/A	Notes		
Individual residents will not participate in group activities until they have discontinued Transmission-Based Precautions for SARS-CoV-2 illness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Follows guidance and identifies when resident in isolation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
F. Cohorting		Yes	No	N/A	Notes		
Displays effective cohorting and isolation of residents, if possible		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Collaborates with DOH and/or LHJ in correlation to an outbreak		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ADDITIONAL NOTES							
<b>Resource Links</b>							
<ul style="list-style-type: none"> <li>• <a href="#">Washington State Local Health Departments and Districts</a></li> <li>• <a href="#">ALISA Provider / Administrator Letters</a></li> <li>• <a href="#">Outbreak Definition COVID-19 Outbreak-Definition.pdf (cste.org)</a></li> <li>• <a href="#">CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic</a></li> <li>• <a href="#">DOH SARS-CoV-2 Infection Prevention and Control in Healthcare Settings Toolkit</a></li> <li>• <a href="#">CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2</a></li> </ul>							
<b>Compliance Decision</b>							
Regulatory Requirement					N/A	Met	Not Met
AFH	<a href="#">WAC 388-76-10255 Infection control.</a> (1) Develops and implements an infection control system that uses nationally recognized infection control standards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<a href="#">WAC 388-76-10400 Care and services.</a> (3)(b) IPC care and services actively support the safety of each resident				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<a href="#">WAC 388-76-10015 License — Adult family home — Compliance required.</a> (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 <a href="#">Chapter 296-842 WAC Respirators.</a> )				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALF	<a href="#">WAC 388-78A-2610 Infection control.</a> (1) Infection control practices prevent and limit the spread of infections. (2) Performs all housekeeping, cleaning, laundry, and infectious waste management of according to IPC standards				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<a href="#">WAC 388-78A-2730 Licensee's responsibilities.</a> (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 <a href="#">Chapter 296-842 WAC Respirators.</a> )				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESF	<a href="#">WAC 388-107-0440 Infection control system.</a> (1) (a) Establishes and maintains an effective infection control program that prevents the development and transmission of disease and infection				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<a href="#">WAC 388-107-1100 Licensee's responsibilities.</a> 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 <a href="#">Chapter 296-842 WAC Respirators.</a> )				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>