

PROVIDER'S NAME	CERTIFICATION NUMBER	INTAKE NUMBER	ASSESSMENT DATE
ADMINISTRATOR'S NAME	INVESTIGATOR NAME / EVALUATOR NAME		
CLIENT NAME(S)			



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)  
COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)

## CCRSS Infection Prevention (IP) Assessment Tool for COVID-19

**Instructions:** Use tool to assess the provider's compliance with strategies to prevent the spread of COVID-19. Evaluate the steps of prevention through questions, observations of practices, interviews and record review of the provider's policies and staff training documentation when necessary. Submit the assessment tool with the working papers. Notify the Field Manager and the provider's Administrator immediately if there are health and safety concerns.

REPORTING, MONITORING, TESTING	YES	NO	N/A	INFECTION CONTROL STANDARDS, POLICIES, PROCEDURES, AND EDUCATION	YES	NO	N/A
Community reported cases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide education / training (COVID-19, sick leave policy, IPC practices, visitation requirements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cases identified in the client home (staff or clients)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to COVID-19 testing for clients / staff and test per guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies: Illness / reporting / isolation / quarantine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor staff adherence to policies / procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff perform hand hygiene per guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor staff working in multiple settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff wear, don and doff PPE per guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implement transmission based precautions for positive COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff understand / articulate PPE use during shortages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff inform appropriate personnel about known or suspected COVID-19 before transfer to healthcare facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide education to clients (COVID-19, informing staff if ill, prevention strategies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local health jurisdiction notified of suspected or confirmed cases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clients positive for COVID-19 on transmission based precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISITATION AND SCREENING	YES	NO	N/A	MEDICAL AND NON-MEDICAL TRANSPORTATION	YES	NO	N/A
Follow visitation guidelines per Safe Start Plan including exceptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risk assessment template used to assess exposure risk after trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screens all staff and visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Telemedicine used when possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screens clients daily for symptoms and changes from baseline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GROUP ACTIVITIES, COMMUNAL DINING	YES	NO	N/A
Maintains visitor screening log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clients assisted in engagement through technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative visitation available (i.e. Zoom, Face Time)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clients assisted in finding activities through virtual / remote means.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communal dining practices adhere to Safe Start Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communal dining practices adhere to Safe Start Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL PROTECTIVE EQUIPMENT (PPE)	YES	NO	N/A	COHORTING AND DEDICATED STAFF CARING FOR RESIDENTS	YES	NO	N/A
System to monitor and order PPE supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan for clients who test positive with housemates in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand hygiene supplies available in client care areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan for staffing with COVID 19 positive clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPE available in client homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Disinfectants prepared and used in accordance with label instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

