



RESIDENTIAL CARE SERVICES (RCS)  
 ADULT FAMILY HOME (AFH) • ASSISTED LIVING FACILITY (ALF)  
 ENHANCED SERVICES FACILITY (ESF)

## RCS (AFH, ALF, ESF) Community Programs Infection Prevention and Control (IPC) Complaint Investigation Pathway

PROVIDER / FACILITY NAME	LICENSE NUMBER	CD NUMBER
INVESTIGATOR NAME	ENTRANCE DATE	EXIT DATE

RCS staff will use the IPC Pathway or tool to Investigate IPC related complaints. 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.

**Check Yes, No, or N/A:** If “No” is checked, document findings in the notes section and/or on the IPC Assessment Notes form [DSHS 13-944](#). N/A indicates the item was not observed or reviewed or was not relevant to the investigation.

**Interview Questions:** Write response to corresponding letter and number. Write out (ask) additional questions as needed.

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

[Standard Precautions](#)     [Transmission-Based Precautions](#) (TBP)     [Notifiable Conditions](#)

Communicable disease outbreak:

Yes    No    Unknown    N/A

Mode of transmission (check all that apply):

Contact    Airborne    Unknown  
 Droplet    Foodborne    N/A

PPE Plan for the visit (check all that apply):

None needed    Source control    Use facility PPE  
 Eye protection    Full PPE with fit tested N95 respirator

Organism:

Yes	No	N/A	Entrance and Tour Observations	Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a process established to ensure everyone entering the facility is aware of the outbreak? If indicated, are visitors alerted to IPC procedures?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand sanitizer accessible to residents, staff, and visitors?	
Yes	No	N/A	Focused Resident and Staff Observations of practices in use to contain / control spread of infection / communicable disease	Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Resident(s) general appearance and potential infection sources:</b> skin lesions, hygiene issues, catheters, respiratory equipment, coughing, influenza, foodborne illness	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Supplies: Use and Availability</b> 1. Necessary supplies such as masks, gowns, gloves, tissues, and waste receptacles. 2. Proper hand washing or sanitizer use and availability. 3. PPE usage – proper don, doff, and disposal. Medical and kitchen glove use; handling / bagging of soiled items.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Room Isolation and Isolation Practices</b> 1. Implement TBP for confirmed or suspected cases? a. If TBP/airborne are implemented, are NIOSH-approved fit-tested respirators being used? 2. Roommate present or moved temporarily? a. Cohort? b. Designated care staff for ill residents? 3. Hand washing, disposal of infectious items and waste.	



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			4. Signage posted. 5. Dietary precautions for residents ill with communicable disease such as paper plates, and plastic utensils. 6. For isolated resident(s) – staff / visitors follow appropriate Infection Control precautions. 7. Ill residents leaving their rooms or apartments with infection contained (masks, wound covered, no drainage leaking)? Residents do not participate in group activities or meals until TBP has been discontinued.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Cleaning and disinfecting</b> care equipment and environment (technique, timing, and product use)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Safe laundry and textile handling</b> 1. Soiled laundry contained before transport Staff do not hold soiled laundry against torso or clothing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food / fluids</b> 1. Unsafe / unsanitary practices – unrefrigerated / left uncovered? 2. Fluids offered / provider to ill residents? NOTE: For concerns about safe food handling, follow program specific food preparation or kitchen inspection protocols.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Ventilation</b> Appropriate use of fans, open windows, and distance to mitigate spread of viruses and bacteria	

**Interview**

<b>Provider Interview</b>	<b>Provider Interview Notes</b>
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<p><b>A. Ask the provider about outbreak management:</b></p> <ol style="list-style-type: none"> <li>1. Which residents are affected?</li> <li>2. Has anyone else been with sick the same symptoms? When?</li> <li>3. What was the source of infection / outbreak?</li> <li>4. What are you doing / have you done to prevent the spread of the communicable illness?</li> <li>5. Communicated outbreak and cases? When?             <ol style="list-style-type: none"> <li>a. Reported outbreak and cases to Local Health Jurisdiction (LHJ)</li> <li>b. Reported outbreak to Complaint Resolution Unit</li> <li>c. Communicated information about known or suspected disease before transport?</li> </ol> </li> <li>6. Have the involved residents improved? How do you know?</li> </ol>	
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- B. Ask the provider to describe infection prevention and control training for staff and residents. Does training include:**
1. Standard Precautions including hand hygiene, use of PPE, respiratory hygiene / cough etiquette, isolation, cleaning, and disinfecting care.
  2. Transmission-Based Precautions, when and how to use and dispose of PPE.
  3. Equipment and environment, safe handling of laundry and cleaning / disinfecting.
  4. Sick leave policies and importance of not reporting or remaining at work when ill. Return to work 24 hours after fever resolved.
- C. Ask the provider how they know or ensure:**
1. Staff are following training.
  2. Supplies are readily available and accessible for residents, staff, and visitors.
    - a. EPA registered disinfectants for frequent cleaning of high-touch surfaces, shared resident care equipment / areas, and after visitation.
    - b. Alcohol-based hand sanitizer and appropriate hand hygiene products available for residents, staff, and visitors.
    - c. Tissues and waste receptacles for respiratory etiquette.

<b>Resident / Family / Visitors Interview</b>	<b>Resident / Family / Visitors Interview Notes</b>
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1. Have you been sick (had an infection, fever, chills, severe nausea, diarrhea, other symptoms)?
2. How long were you ill and what were your symptoms?
3. Was anyone else in the facility sick (other residents, staff)?
4. What did the facility do to help you?
5. Do staff wear gloves? When?
6. Do you have concerns about how housekeeping services are done / sanitary practices etc.?

<b>Staff Interview</b>	<b>Staff Interview Notes</b>
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1. Which residents have been sick (had an infection, fever, chills, severe nausea, diarrhea, other symptoms)?
2. What do you do to prevent the spread of infection from one person to another?
  - a. What do you do with the soiled linen and trash used in the sick resident's room?
  - b. How do you know what to do?
3. Do you have enough appropriate PPE (gloves, gowns, masks) on hand?
4. What do you do if you, or other staff, are ill or have an infection?
7. What is your return-to-work guidance? (at least 24 hours fever free or as recommended).



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### Record Reviews

Record Review – Prevention, Testing, Surveillance and Treatment	Record Review Notes
<ol style="list-style-type: none"> <li>1. Illness / symptoms promptly identified and timely facility / primary healthcare provider responses?</li> <li>2. Has outbreak testing been done?               <ol style="list-style-type: none"> <li>a. How many residents / staff are involved in outbreak?</li> <li>b. Did investigation identify the source of illness?</li> </ol> </li> <li>3. Treatment or exposure prophylaxis administered as recommended or directed?</li> <li>4. Ill resident(s) status monitored, surveillance of residents and staff?</li> <li>5. Follows LHJ guidance for testing and tracking?               <ol style="list-style-type: none"> <li>a. Daily symptom surveillance for residents and staff?</li> </ol> </li> <li>6. Notification of representatives, staff, visitors, LHJ?</li> <li>7. Have the residents received vaccinations?               <ol style="list-style-type: none"> <li>a. Offers vaccines to all residents.</li> <li>b. Coordinates care so that residents can receive vaccine?</li> </ol> </li> </ol>	

Written IPC policies (ALF, ESF), and procedures (AFH) to prevent the spread of infection	Policy and Procedure Notes
<ol style="list-style-type: none"> <li>1. Standard Precautions</li> <li>2. Transmission-Based Precautions (contact, droplet, airborne)               <ol style="list-style-type: none"> <li>a. TBP / airborne: RPP and respirator fit testing</li> </ol> </li> <li>3. Reference to national/current acceptable standards</li> <li>4. Outbreak management</li> <li>5. Sick leave policies that are non-punitive, flexible, and allow ill staff to stay home, return to work 24 hours after fever resolves (or as advised)</li> </ol>	

### Definitions

<a href="#">Standard Precautions</a>	The minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered.
<a href="#">Transmission-Based Precautions</a> (TBP)	The second tier of basic infection control used in addition to Standard Precautions for which additional precautions are needed to prevent infection transmission.
<a href="#">Personal Protective Equipment</a> (PPE)	Gowns, gloves, eye protection, masks, respirators – any equipment worn to minimize exposure to hazards and prevent or contain the spread of infection.



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<a href="#">Local Health Jurisdiction</a> (LHJ)	The local health agency, either county or multicounty, operated by local government, with oversight and direction from a local board of health, that provides public health services throughout a defined geographic area.		
<a href="#">Alcohol Based Hand Rub</a> (ABHR)	Alcohol-based hand sanitizers (or rub) are the most effective products for reducing the number of germs on the hands.		
<a href="#">Environmental Protection Agency</a> (EPA)	Federal agency responsible for setting standards for disinfectant products.		
<b>Resource Links</b>			
<a href="#">Washington State Local Health Departments and Districts</a> <a href="#">ALTSA Provider / Administrator Letters</a> <a href="#">L&amp;I Respiratory Protection Program</a> Outbreak Definitions <ul style="list-style-type: none"> <li><a href="#">COVID-19 (cste.org)</a></li> <li><a href="#">Flu Outbreak Definition (DOH)</a></li> </ul>	<b>Norovirus References</b> Centers for Disease Control and Prevention - <a href="#">Norovirus</a> DOH - <a href="#">Norovirus</a> resource site DOH Norovirus Outbreak Management <a href="#">Toolkit</a> <b>Flu (Influenza) Reference</b> DOH Influenza Outbreak in Long Term Care Facilities <a href="#">Frequently Asked Questions</a>		
<b>Compliance Decision</b>			
<b>IPC Regulatory Requirement:</b> There may be many related regulations to consider, such as notification, updating assessments and care plans, medication management. Use the regulations below to cite breaches in infection prevention and control practice.			
	<b>N/A</b>	<b>Met</b>	<b>Not Met</b>
<b>AFH</b>	<a href="#">WAC 388-76-10255 Infection control</a> . The adult family home must develop and implement an infection control system that: (1) Uses nationally recognized infection control standards; (2) Emphasizes frequent hand washing and other means of limiting the spread of infection;		
	<a href="#">WAC 388-76-10400 Care and services</a> . (3) The care and services in a manner and in an environment that: (b) Actively supports the safety of each resident;		
<b>ALF</b>	<a href="#">WAC 388-78A-2610 Infection control</a> . (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;		
<b>ESF</b>	<a href="#">WAC 388-107-0440 Infection control system</a> . (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;		