



RESIDENTIAL CARE SERVICES (RCS)
 CERTIFIED COMMUNITY RESIDENTIAL SUPPORTS AND SERVICES (CCRSS)
CCRSS 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 13-945](#). 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.

For Supported Living client homes, this pathway refers to how the service provider complies with IPC guidelines.

- **Staff:** The Long-Term Care Worker (LTCW) is required to follow standard IPC guidance for healthcare Personnel (HCP). For example, use of Personal Protective Equipment (PPE) when caring for a client with COVID-19.
- **Clients:** The service provider should be educating and encouraging clients to follow IPC recommended practices to prevent and recognize infection.
- **General:** The provider is required to ensure everyone is aware of recommended IPC practices

Offsite Preparation

Identify and review National and State IPC standards, rules:

- [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

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

- None needed Source control Use facility PPE

Organism:

- Droplet Foodborne N/A

- Eye protection Full PPE with Fit Tested N95 Respirator

Yes	No	N/A	Focused Client 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"/>	Client(s) general appearance and potential infection sources: skin lesions, hygiene issues, catheters, respiratory equipment, coughing, influenza, foodborne illness	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supplies: Use and Availability 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. 4. Medical and kitchen glove use; handling / bagging of soiled items.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement Transmission-Based Precautions (TBP) for confirmed or suspected cases. 1. Process to alert staff, clients, visitors of what to do to prevent the spread of infection.	



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			<ol style="list-style-type: none"> 2. Staff / visitors follow Infection Control precautions. 3. If TBP / airborne are implemented, are NIOSH-approved fit-tested respirators being used? 4. Roommate(s) present or moved temporarily? <ol style="list-style-type: none"> a. Cohort? b. Designated care staff for ill clients? 5. Hand washing, disposal of infectious items and waste. 6. Dietary precautions for clients ill with communicable disease such as paper plates, plastic utensils. 7. Ill clients advised on leaving their rooms or apartments with infection contained (masks, wound covered, no drainage leaking)? 8. Clients advised to not participate in group activities or meals until TBP have been discontinued. 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning and disinfecting care equipment and environment (technique, timing, and product use)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe laundry and textile handling <ol style="list-style-type: none"> 1. Soiled laundry contained before transport 2. Staff do not hold soiled laundry against torso or clothing 	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food / fluids <ol style="list-style-type: none"> 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"/>	Ventilation Appropriate use of fans, open windows, and distance to mitigate spread of viruses and bacteria	

Interview

Provider Interview **Notes**

A. Ask the provider about outbreak management: <ol style="list-style-type: none"> 1. Which clients are affected? 2. Has anyone else been with sick the same symptoms? When? 3. What was the source of infection / outbreak? 4. What are you doing / have you done to prevent the spread of the communicable disease / foodborne illness? 5. Whom have you notified? When? 	
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<p>6. Communicated outbreak and cases?</p> <ol style="list-style-type: none"> a. Reported outbreak and cases to LHJ b. Reported outbreak to Complaint Resolution Unit c. Communicated information about known or suspected disease before transport? <p>7. Have the involved clients improved? How do you know?</p> <p>B. Ask the provider to describe infection prevention and control training for staff and clients. Does training include:</p> <ol style="list-style-type: none"> 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. <p>C. Ask the provider how they know or ensure:</p> <ol style="list-style-type: none"> 1. Staff are following training. 2. Supplies are readily available and accessible for clients, staff, and visitors. <ol style="list-style-type: none"> a. EPA registered disinfectants for frequent cleaning of high-touch surfaces, shared client care equipment / areas, and after visitation. b. Alcohol-based hand rub and appropriate hand hygiene products available for clients, staff, and visitors. c. Tissues and waste receptacles for respiratory etiquette. 	
Client / Family / Visitors Interview	Notes
<ol style="list-style-type: none"> 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 clients, 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.? 	
Staff Interview	Notes
<ol style="list-style-type: none"> 1. Which clients 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? <ol style="list-style-type: none"> a. What do you do with the soiled linen, trash, used the sick client's room? b. How do you know what to do? 	



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3. Do you have enough PPE (gloves, gowns, masks)? 4. What do you do if you personally or other staff are ill or have an infection? a. Follows return to work guidance (at least 24 hours after resolution of fever or as recommended).	
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Record Reviews

Record Review – Prevention, Testing, Surveillance and Treatment **Notes**

1. Illness / symptoms promptly identified and timely facility / primary health care provider responses? 2. Outbreak testing done? a. How many clients / staff involved in outbreak? b. Did investigation identify the source of illness? 3. Treatment or exposure prophylaxis administered as recommended or directed? 4. Ill client(s) status monitored, surveillance of clients and staff? 5. Follows LHJ guidance for testing and tracking? a. Daily symptom surveillance for clients and staff? 6. Notification of representatives, staff, visitors, LHJ? 7. Clients vaccinated? a. Offers vaccines to all clients. b. Coordinates care so that clients receive vaccine?	
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Written Infection Control policies or specific procedures to prevent the spread of infection **Notes**

1. Standard Precautions 2. Transmission-based precautions. a. TBP / airborne: RPP and respirator fit testing 3. Reference to National, state and/or local standards. 4. Outbreak management. 5. Sick leave policies that are non-unitive, flexible, and allow ill staff to stay home. a. Includes return to work guidance (at least 24 hours after resolution of fever or as recommended).	
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Record Reviews

Standard Precautions	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.
Transmission Based Precautions (TBP)	The second tier of basic infection control used in addition to Standard Precautions for which additional precautions are needed to prevent infection transmission.
Personal Protective Equipment (PPE)	Gowns, gloves, eye protection, masks, respirators – any equipment worn to minimize exposure to hazards and prevent or contain the spread of infection.
Local Health Jurisdiction (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.
Hand Hygiene	Alcohol-based hand sanitizers (or rub) are the most effective products for reducing the number of germs on the hands.
Environmental Protection Agency (EPA)	Federal agency responsible for setting standards for disinfectant products.

Resource Links

<p>Washington State Local Health Departments and Districts</p> <p>AL TSA Provider / Administrator Letters</p> <p>L&I Respiratory Protection Program</p> <p>Outbreak Definitions</p> <ul style="list-style-type: none"> • COVID-19 (cste.org) • Flu Outbreak Definition (DOH) 	<p>Norovirus References</p> <p>Centers for Disease Control and Prevention - Norovirus</p> <p>DOH - Norovirus resource site</p> <p>DOH Norovirus Outbreak Management Toolkit</p> <p>Flu (Influenza) Reference</p> <p>DOH Influenza Outbreak in Long Term Care Facilities Frequently Asked Questions</p>
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Compliance Decision

IPC Regulatory Requirement: 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.	N/A	Met	Not Met
WAC 388-101D-0170 Physical and safety requirements. (2) The service provider must ensure that the following home safety requirements are met for each client unless otherwise specified in the client's individual support plan: (a) A safe and healthy environment; (Staff followed infection prevention and control measures to prevent the spread of infection).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAC 388-101D-0145 Client services. Service providers must provide each client instruction and/or support to the degree the individual support plan identifies the service provider as responsible. Instruction and/or support to the client may include but are not limited to the following categories: (4) Health and safety activities (staff provided clients instruction and support to prevent the spread of infection).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAC 388-101-3020 Compliance. The service provider must be in compliance with: (5) Other relevant federal, state and local laws, requirements, and ordinances. (Has written Respiratory Protection Program and records for training, medical clearance approval and fit testing per Chapter 296-842 WAC Respirators.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>