| RESIDENTIAL CARE SERVICES (RCS)  CERTIFIED COMMUNITY RESIDENTIAL SUPPORTS AND SERVICES (CCRSS)  **CCRSS Infection Prevention and Control (IPC) Complaint Investigation Tool** | | | | | | FACILITY NAME | | | CERTIFICATION NUMBER | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PROVIDER / LICENSEE NAME | | | CD NUMBER | | | |
| INVESTIGATOR NAME | | | ENTRANCE DATE | | | |
| INTAKE NUMBER(S) | | | | | | |
| RCS staff will use the IPC Pathway or IPC 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](https://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=13-945&title=&order=field_number&sort=desc). N/A (Not Applicable) 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 accepted IPC standards, rules, and definitions applicable to the setting:  [Standard Precautions](https://www.cdc.gov/infection-control/hcp/basics/standard-precautions.html?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html)  [Transmission Based Precautions(TBP)](https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html)  [Notifiable Conditions](https://app.leg.wa.gov/WAC/default.aspx?cite=246-101-101) | | | | | | | | | | | | |
| Communicable disease outbreak:  Yes  No  Unknown  N/A  Organism: | | | | Mode of transmission (check all that apply):  Contact  Foodborne  Droplet  Unknown  Airborne  N/A | | | PPE Plan for the visit (check all that apply):  None needed  Eye protection  Use facility PPE  Source control  Full PPE with Fit Tested N95 Respirator | | | | | |
| **Yes** | **No** | **N/A** | **Focused Client and Staff Observation** | | | | | **Focused Observation Notes** | | | | |
|  |  |  | **Client(s) general appearance and potential infection sources** | | | | |  | | | | |
|  |  |  | **Supplies: Use and Availability**   1. Masks, gowns, gloves, tissues, and waste receptacles. 2. Hand washing / hand sanitizer use and availability. 3. PPE usage – proper don, doff, and disposal. 4. Glove use; handling / bagging of soiled items. | | | | |
|  |  |  | **Room Isolation and Isolation Practices**   1. Process to alert staff, clients, visitors of what to do to prevent the spread of infection. 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? 5. Cohort? 6. Designated care staff for ill clients? 7. Hand washing, disposal of infectious items, and waste. 8. Dietary precautions for clients ill with communicable disease such as paper plates, plastic utensils. 9. Ill clients advised on how to contain infection when with others or avoid communal activities until no longer contagious. | | | | |
|  |  |  | **Cleaning and disinfecting** care equipment and environment (technique, timing, and product use) | | | | |
|  |  |  | **Safe laundry and textile handling**(soiled laundry contained, staff do not hold soiled laundry against torso or clothing) | | | | |
|  |  |  | **Food safe and sanitary / fluids offered to ill clients.**  Refer to program specific rules as needed. | | | | |
|  |  |  | **Ventilation adequate to prevent inspection spread** | | | | |
| **Provider Interview** | | | | | | | | **Provider Interview Notes** | | | | |
| 1. **Ask the provider about outbreak management:** 2. Which clients are affected? 3. Has anyone else been sick with the same symptoms? When? 4. What was the source of infection / outbreak? 5. What have you done / are you doing to prevent the spread of the communicable disease / foodborne illness? 6. Whom have you notified (LHJ, CRU, Before Transport)? When? 7. Have the involved clients improved? How do you know? 8. **Ask the provider to describe infection prevention and control training for staff and clients.** **Does training include:** 9. Standard precautions including hand hygiene, use of PPE, respiratory hygiene / cough etiquette, isolation, cleaning, and disinfecting care. 10. Transmission-based precautions, when and how to use and dispose of PPE. 11. Equipment and environment, safe handling of laundry and cleaning / disinfecting. 12. Sick leave policies and importance of not reporting or remaining at work when ill. 13. **Ask the provider how they know or ensure:** 14. Staff are following training. 15. Supplies for handwashing, cleaning / disinfection / tissues are readily available and accessible for clients, staff, and visitors. | | | | | | | |  | | | | |
| **Client / Family / Visitors Interview** | | | | | | | | **Client / Family / Visitor Interview Notes** | | | | |
| 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** | | | | | | | | **Staff Interview Notes** | | | | |
| 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? 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? | | | | | | | |  | | | | |
| **Record Review – Prevention, Testing, Surveillance, and Treatment** | | | | | | | | **Record Review Notes** | | | | |
| 1. Illness / symptoms promptly identified and timely facility / primary health care provider responses. 2. Outbreak testing done. 3. Treatment or exposure prophylaxis administered as recommended or directed. 4. Ill clients(s) status monitored, surveillance of clients and staff. 5. Clients vaccinated or offered vaccination. | | | | | | | |  | | | | |
| **Written Infection Control policies or procedures to prevent the spread of infection** | | | | | | | | **Policy and Procedure Notes** | | | | |
| 1. Standard Precautions. 2. Transmission-Based Precautions.    * 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-punitive, flexible, and allow ill staff to stay home, return to work 24 hours after fever resolves (or as advised). | | | | | | | |  | | | | |
| **Resource Links** | | | | | | | | | | | | |
| [Washington State Local Health Departments and Districts](https://doh.wa.gov/about-us/washingtons-public-health-system/washington-state-local-health-jurisdictions)  [ALTSA Provider / Administrator Letters](https://www.dshs.wa.gov/altsa/residential-care-services/altsa-provider-letters)  Outbreak Definitions   * [COVID-19 (cste.org)](https://www.corha.org/wp-content/uploads/2024/01/COVID-19-HC-Outbreak-Definition-Guidance_January-2024.pdf) * [Flu Outbreak Definition (DOH)](https://doh.wa.gov/sites/default/files/legacy/Documents/5100/fluoutbrk-LTCF.pdf)   [Hand Hygiene](https://www.cdc.gov/clean-hands/hcp/clinical-safety/?CDC_AAref_Val=https://www.cdc.gov/handhygiene/providers/index.html)  [Environmental Protection Agency](https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants) (EPA)  [Personal Protective Equipment](https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/personal-protective-equipment-infection-control#:~:text=Personal%20protective%20equipment%20(PPE)%20refers,spread%20of%20infection%20or%20illness.) (PPE)  [L&I Respiratory Protection Program](https://app.leg.wa.gov/WAC/default.aspx?cite=296-842) | | | | | **Norovirus References**  Centers for Disease Control and Prevention - [Norovirus](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fnorovirus%2F&data=05%7C01%7Ckatherine.ander%40dshs.wa.gov%7C81448d9328b94bb41a4308db1c2f138d%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C638134760802981055%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=U%2BE3P%2BUIL%2BDWkJtc%2BDORMkF0jUCOd%2Fbv4qiU2sYfdMo%3D&reserved=0)  DOH - [Norovirus](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoh.wa.gov%2Fyou-and-your-family%2Fillness-and-disease-z%2Fnorovirus&data=05%7C01%7Ckatherine.ander%40dshs.wa.gov%7C81448d9328b94bb41a4308db1c2f138d%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C638134760802981055%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=e7Z98JXR9PGgEMrAn3BisnF5Gg5SKl60jzcFopM5ITc%3D&reserved=0) resource site  DOH Norovirus Outbreak Management [Toolkit](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffoodsafety.uw.edu%2Fsites%2Ffoodsafety.uw.edu%2Ffiles%2Fdocuments%2Fnorovirus%2FWA-IFS-CoE-Norovirus-Toolkit.pdf&data=05%7C01%7Ckatherine.ander%40dshs.wa.gov%7C81448d9328b94bb41a4308db1c2f138d%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C638134760802981055%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=OTB0fUgrxBaFBfR%2FB2%2FmRpkd%2F%2BnbYxV%2FjpT6KNbDct0%3D&reserved=0)  **Flu (Influenza) Reference**  DOH Influenza Outbreak in Long Term Care Facilities [Frequently Asked Questions](https://doh.wa.gov/sites/default/files/legacy/Documents/5100/420-199-Flu-FAQs-in-LTCF.pdf) | | | | | | | |
| **Compliance Decision** | | | | | | | | | | | | |
| **IPC Regulatory Requirement**: There may be many related regulations to consider. Use the regulations below to cite breaches in infection prevention and control practice. | | | | | | | | | | **N/A** | **Met** | **Not Met** |
| [**WAC 388-101D-0170**](https://apps.leg.wa.gov/WAC/default.aspx?cite=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). | | | | | | | | | |  |  |  |
| [**WAC 388-101D-0145 Client services**](https://app.leg.wa.gov/wac/default.aspx?cite=388-101D-0145)**.** 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). | | | | | | | | | |  |  |  |
| [**WAC 388-101-3020**](https://app.leg.wa.gov/wac/default.aspx?cite=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](https://app.leg.wa.gov/wac/default.aspx?cite=296-842) Respirators.) | | | | | | | | | |  |  |  |