

Nursing Home Infection Prevention Assessment Tool for COVID-19

The following infection prevention and control assessment tool should be used to assist nursing homes with preparing to care for residents with COVID-19. Elements should be assessed through a combination of interviews with staff and direct observation of practices in the facility.

The assessment focuses on the following priorities, which should be implemented by all nursing homes:

1. Keep COVID-19 from entering your facility:

- Restrict all visitors except for compassionate care situations (*e.g., end of life*).
- Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (*e.g., barber, podiatry, etc.*).
- Actively screen all HCP for fever and respiratory symptoms before starting each shift; send them home if they are ill.
- Cancel all field trips outside of the facility.
- Have residents who **must** regularly leave the facility for medically necessary purposes (*e.g., residents receiving hemodialysis*) wear a facemask whenever they leave their room, including for procedures outside of the facility.

2. Identify Exposures:

- If you identify a COVID-19 infection in your facility take steps to identify potentially exposed family members and other visitors and notify them of the exposure and of the importance of quarantine (<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDExposed.pdf>)
- All staff should be considered exposed in Washington given ongoing community transmission and be self-monitoring for symptoms and excluded from work immediately if symptoms develop.
- If staff have identified high or medium risk exposures (see: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>) consider exclusion for 14 days, or having exposed staff wear a mask while working for 14 days after the last medium or high risk exposure where resources allow.

3. Identify infections early:

- Actively screen all residents and staff at least daily for fever and respiratory symptoms; immediately isolate anyone who is symptomatic.
 - ❖ **Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms.**
 - ❖ Atypical symptoms may include:
 - New or worsening malaise.
 - New dizziness.
 - Diarrhea.
 - Sore throat.
 - ❖ Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is circulating in the community.
- Any staff that develop symptoms should be excluded from work immediately (<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/HealthCareWorkerReturn2Work.pdf>)
- Notify the health department if: severe respiratory infection, clusters (≥ 3 residents and/or HCP) of respiratory infection, or individuals with known or suspected COVID-19 are identified.

4. Prevent spread of COVID-19:

- Cancel all group activities and communal dining.
- Enforce social distancing among residents.
- When COVID-19 is reported in the community, implement universal facemask use by all HCP (*source control*) when they enter the facility.
 - ❖ If facemasks are in short supply, they should be prioritized for direct care personnel. All HCP should be reminded to practice social distancing when in break rooms or common areas.
- Have HCP wear all recommended PPE for all resident care, regardless of the presence of symptoms. Refer to strategies for optimizing PPE when shortages exist. [cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html)
 - ❖ This approach is recommended to account for residents who are infected but not manifesting symptoms. **Recent experience suggests that a substantial proportion of long-term care residents with COVID-19 do not demonstrate symptoms.**
 - ❖ When a case is identified, public health can help inform decisions about testing asymptomatic residents on the unit and in the facility.

5. Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply:

- For example, extended use of facemasks and eye protection or prioritization of gowns for certain resident care activities.
- [cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html)

6. Identify and manage severe illness:

- Facility performs appropriate monitoring of ill residents (*including documentation of pulse oximetry*) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.

Who is conducting this site visit?

What type of visit was this? In-person Video Conference Phone Other, please specify

Facility name: _____ **Date of assessment:** _____

Facility address: _____ **City:** _____ **State:** _____

Type of facility: Assisted Living Nursing Home Intermediate Care Facility Independent Living
 Other If other, what kind? _____

Facility associated with a hospital. Yes No

Points of contact:

Name: _____ Title: _____ Phone #: _____
 Email: _____
 Name: _____ Title: _____ Phone #: _____
 Email: _____

Staff FTE:

Nurses: _____ # Techs: _____ # EVS: _____ # Admin Staff: _____ # MDs: _____ # Other PCP: _____

How many licensed beds: _____ **How many beds per room?** _____

How many beds for facility type?

AL: _____ NH: _____ ICF: _____ IL: _____ Other: _____

Do any of your staff work at other healthcare facilities? _____ **If yes, which one(s)?** _____

Yes No

Which of the following situations apply to the facility? (select all that apply)

- No cases of COVID-19 currently reported in their community
- Cases reported in their community
- Sustained transmission reported in their community
- Cases identified in their facility (either among HCP or residents)

How many of each of the following PPE and alcohol-based hand sanitizer (ABHS) does the facility have?

Facemasks: _____ Eye protection: _____ ABHS: _____
 Gloves: _____ Isolation gowns: _____ N95 or higher-level respirators: _____

Is your facility experiencing any staffing shortages? Yes No If yes, please describe: _____

VISITOR RESTRICTIONS			
Elements to be assessed	Assessment		Notes/Areas for improvement
	Yes	No	
Facility restricts all visitation except certain compassionate care situations, such as end-of-life situations.	<input type="checkbox"/>	<input type="checkbox"/>	
Decisions about visitation during an end-of-life situation are made on a case by case basis:	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Potential visitors are screened prior to entry for fever or respiratory symptoms. Those with symptoms are not permitted to enter the facility. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Visitors that are permitted inside, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Allowed visitors are reminded to frequently perform hand hygiene. 	<input type="checkbox"/>	<input type="checkbox"/>	
Facility has sent a communication (<i>e.g., letter, email</i>) to families advising them that no visitors will be allowed in the facility except for certain compassionate care situations, such as end-of-life situations, and that alternative methods for visitation (<i>e.g., video conferencing</i>) will be facilitated by the facility.	<input type="checkbox"/>	<input type="checkbox"/>	
Facility has provided alternative methods for visitation (<i>e.g., video conferencing</i>) for residents.	<input type="checkbox"/>	<input type="checkbox"/>	
Facility has posted signs at entrances to the facility advising that no visitors may enter the facility.	<input type="checkbox"/>	<input type="checkbox"/>	
EDUCATION, MONITORING, AND SCREENING OF HEALTHCARE PERSONNEL (HCP)			
Elements to be assessed	Assessment		Notes/Areas for improvement
	Yes	No	
Facility has provided education and refresher training to HCP (<i>including consultant personnel</i>) about the following:			
<ul style="list-style-type: none"> COVID-19 (<i>e.g., symptoms, how it is transmitted</i>) 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Sick leave policies and importance of not reporting or remaining at work when ill. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Adherence to recommended Infection Prevention & Control (<i>IPC</i>) practices, including: <ul style="list-style-type: none"> Hand hygiene 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Selection and use including donning and doffing PPE 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Cleaning and disinfecting environmental surfaces and resident care equipment 	<input type="checkbox"/>	<input type="checkbox"/>	

<ul style="list-style-type: none"> Any changes to usual policies/procedures in response to PPE or staffing shortages. 	<input type="checkbox"/>	<input type="checkbox"/>	
Facility keeps a list of symptomatic HCPs.	<input type="checkbox"/>	<input type="checkbox"/>	
Facility screens all HCP (<i>including consultant personnel</i>) at the beginning of their shift for fever and respiratory symptoms (<i>actively takes their temperature and documents absence of shortness of breath, new or change in cough, and sore throat</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> If they are ill, they are instructed to put on a facemask and return home and seek medical evaluation. 	<input type="checkbox"/>	<input type="checkbox"/>	
Non-essential personnel including volunteers, and non-essential consultant personnel (<i>e.g., barbers</i>) are restricted from entering the building.	<input type="checkbox"/>	<input type="checkbox"/>	
EDUCATION, MONITORING, AND SCREENING RESIDENTS			
Elements to be assessed	Assessment		Notes/Areas for improvement
	Yes	No	
Facility has provided education to residents about the following:			
<ul style="list-style-type: none"> COVID-19 (<i>e.g., symptoms, how it is transmitted</i>) 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Importance of immediately informing HCP if they feel feverish or ill. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Actions they can take to protect themselves (<i>e.g., hand hygiene, covering their cough, maintaining social distancing</i>). 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Actions the facility is taking to keep them safe (<i>e.g., visitor restrictions, changes in PPE, canceling group activities and communal dining</i>). 	<input type="checkbox"/>	<input type="checkbox"/>	
Facility assesses residents for fever and symptoms of respiratory infection upon admission and at least daily throughout their stay in the facility:			
<ul style="list-style-type: none"> Residents with suspected respiratory infection are immediately placed in appropriate Transmission-Based Precautions. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is circulating in the community. 	<input type="checkbox"/>	<input type="checkbox"/>	
Facility performs appropriate monitoring of ill residents (<i>including documentation of pulse oximetry</i>) at least three times daily to quickly identify residents who require transfer to a higher level of care.	<input type="checkbox"/>	<input type="checkbox"/>	
Facility keeps a list of symptomatic residents.	<input type="checkbox"/>	<input type="checkbox"/>	
Facility has taken action to stop group activities inside the facility and field trips outside of the facility.	<input type="checkbox"/>	<input type="checkbox"/>	
Facility has taken action to stop communal dining.	<input type="checkbox"/>	<input type="checkbox"/>	

<p>If facility has residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis or chemotherapy) they should wear a facemask whenever they leave their room, including for procedures outside of the facility.</p> <ul style="list-style-type: none"> Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator (or facemask if not available)) for the care of these residents, regardless of presence of symptoms (if PPE supply allows). Refer to strategies for optimizing PPE when shortages exist. 	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community (some facilities may choose to implement these earlier)</p>			
<ul style="list-style-type: none"> Residents are encouraged to remain in their room. If there are cases in the facility, residents are restricted (to the extent possible) to their rooms except for medically necessary purposes. If residents leave their room, they wear a facemask, perform hand hygiene, limit movement in the facility and perform social distancing. Consider implementing protocols for cohorting ill residents with dedicated HCP 	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<p>AVAILABILITY OF PPE AND OTHER SUPPLIES</p>			
Elements to be assessed	Assessment		Notes/Areas for improvement
	Yes	No	
Facility has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand rub, EPA-registered disinfectants, tissues).	<input type="checkbox"/>	<input type="checkbox"/>	
<p>If PPE shortages are identified or anticipated, review the Department of Social and Health Services' Dear Administrator Letter dated 4/6: https://www.dshs.wa.gov/sites/default/files/AL TSA/rcs/documents/nh/020-015.pdf</p> <p>PPE requests will now be received and filled by your local emergency management agency (EMA). The department is providing a list of all LTC facilities and Supported Living agencies by county to each EMA. The EMA will contact your facility/agency to inquire about your PPE needs and will then arrange delivery and set up an ongoing ordering process. You may continue to use the DSHS online store at https://ppewa.com as a backup for your emergency needs if your EMA cannot fulfill your request.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Facility has implemented measures to optimize current PPE supplies, which include options for extended use, reuse, and alternative to PPE.</p> <p>For example, under extended use, the same facemask and eye protection may be worn during the care of more than one resident. Gowns could be prioritized for select activities such as activities where splashes and sprays are anticipated (including aerosol generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of HCP. Additional options and details are available here: cdc.gov/coronavirus/2019-ncov/hcp/ppc-strategy/index.html</p>	<input type="checkbox"/>	<input type="checkbox"/>	

Hand hygiene supplies are available in all resident care areas.			
<ul style="list-style-type: none"> Alcohol-based hand sanitizer* with 60-95% alcohol is available in every resident room and other resident care and common areas. Sinks are stocked with soap and paper towels 	<input type="checkbox"/>	<input type="checkbox"/>	
*If there are shortages of ABHS, hand hygiene using soap and water is still expected.	<input type="checkbox"/>	<input type="checkbox"/>	
PPE is available in resident care areas (e.g., outside resident rooms). PPE includes gloves, gowns, facemasks, N95 or higher-levels respirators (if facility has a respiratory protection program and HCP are fit-tested) and eye protection (face shield or goggles).	<input type="checkbox"/>	<input type="checkbox"/>	
EPA-registered, hospital-grade disinfectants with an emerging viral pathogen claim against corona virus are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. *See EPA list N: epa.gov/pesticide- registration/list-n-disinfectants-use-against-sars-cov-2	<input type="checkbox"/>	<input type="checkbox"/>	
Tissues are available in common areas and resident rooms for respiratory hygiene and cough etiquette and source control.	<input type="checkbox"/>	<input type="checkbox"/>	

INFECTION PREVENTION AND CONTROL PRACTICES

Elements to be assessed	Assessment		Notes/Areas for improvement
	Yes	No	
HCP perform hand hygiene in the following situations:			
<ul style="list-style-type: none"> Before resident contact, even if PPE is worn 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> After contact with the resident 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> After contact with blood, body fluids, or contaminated surfaces or equipment 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Before performing sterile procedure. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> After removing PPE 	<input type="checkbox"/>	<input type="checkbox"/>	
HCP wear the following PPE when caring for residents with undiagnosed respiratory illness unless the suspected diagnosis required Airborne Precautions (e.g., tuberculosis):			
<ul style="list-style-type: none"> Gloves 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Isolation gown 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Facemask 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Eye protection (e.g., goggles or face shield) 	<input type="checkbox"/>	<input type="checkbox"/>	
If COVID-19 is suspected, an N-95 or higher-level respirator is preferred, if available and the facility has a respiratory protection program with fit-tested HCP; facemasks are an acceptable alternative.	<input type="checkbox"/>	<input type="checkbox"/>	

PPE are removed in a manner to prevent self-contamination, hand hygiene is performed, and new PPE are put on after each resident except as noted below.	<input type="checkbox"/>	<input type="checkbox"/>		
Additional actions when COVID-19 is identified in the community (some facilities may choose to implement these earlier). Facility has implemented universal use of facemasks for HDCP (for source control) while in the facility. If facemasks are in short supply, they are prioritized for direct care personnel.	<input type="checkbox"/>	<input type="checkbox"/>		
All HCP are reminded to practice social distancing when in break rooms or common areas.	<input type="checkbox"/>	<input type="checkbox"/>		
Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community (some facilities may choose to implement these earlier)	<input type="checkbox"/>	<input type="checkbox"/>		
	<ul style="list-style-type: none"> Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator (or facemask if not available)) for the care of all residents, regardless of presence of symptoms. This is done (if PPE supply allows) when COVID-19 is identified in the facility. 	<input type="checkbox"/>	<input type="checkbox"/>	
	<ul style="list-style-type: none"> Refer to strategies for optimizing PPE when shortages exist. This approach is recommended to account for residents who are infected but not manifesting symptoms. Recent experience suggests that a substantial proportion of long-term care residents with COVID-19 do not demonstrate symptoms. 	<input type="checkbox"/>	<input type="checkbox"/>	
Non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use.	<input type="checkbox"/>	<input type="checkbox"/>		
EPA-registered disinfectants are prepared and used in accordance with label instructions.	<input type="checkbox"/>	<input type="checkbox"/>		

COMMUNICATION

Elements to be assessed	Assessment		Notes/Areas for improvement
	Yes	No	
Facility communicates information about known or suspected COVID-19 patients to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities.	<input type="checkbox"/>	<input type="checkbox"/>	
Facility notifies the local health department about any of the following:	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> COVID-19 is suspected or confirmed in a resident of healthcare provider 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> A resident has severe respiratory infection 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> A cluster (e.g., ≥ residents or HCP with new-onset respiratory symptoms over 72 hours) of residents or HCP with symptoms of respiratory infection is identified. 	<input type="checkbox"/>	<input type="checkbox"/>	

STAFFING SHORTAGES