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Cohorting Actions to Prevent SARS-CoV-2 Transmission

The "Zones" described in the following questions are defined as:

Red Zone: residents in this zone resulted with a positive SARS-CoV-2 PCR test and are still within the parameters for Transmission-Based Precautions.

Yellow Zone: residents in this zone resulted with a negative SARS-CoV-2 PCR test and remain asymptomatic but are within 14 days of possible exposure to COVID-19 (i.e. a quarantine/observation unit).

Green Zone: residents in this zone are thought to be unexposed to COVID-19 or have met the criteria for removal of Transmission-Based Precautions.

1. Does the facility currently have or plan to have a strategy for cohorting residents into separate units based on test results?
   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

2. Does the facility utilize "Zones" for cohorting as outlined in HAN 530 (or its successor)?
   - ❏ Yes

     If Yes: facility describes Red Zone for residents with COVID+ test results, Yellow Zone for new admits or residents with negative results but still within 14 days of possible exposure, and Green Zone for any resident thought to be Unexposed OR who has met criteria for discontinuation of Transmission-Based Precautions
   - ❏ No, If No: skip to next section
   - ❏ Unknown
   - ❏ Not Assessed

3. The following best describes designation of HCP by Zone:
   - ❏ Staff always work on the same unit, do not cross over to other units, and units do not include more than one Zone.
   - ❏ Staff always work on the same Zone, do not cross over to other Zones, and may work in two or more exposed units.
   - ❏ Staff are assigned to specific Zones but must *occasionally* cover staffing needs in other Zones for certain shifts. Staff does not work in multiple Zones during the same shift.
   - ❏ Staff always work in the same Zone during one shift but may work in different Zones on different shifts. Staff does not work in multiples Zones during the same shift.
   - ❏ Staff occasionally are required to work in multiple Zones during the same shift.

4. The following characteristics apply to each Zone in the facility:
   - ❑ a. All Zones (Green, Yellow and Red) are clearly marked with limited access signs OR
       temporary barriers to prevent unnecessary foot traffic
   - ❑ b. Each unit has dedicated equipment that, when necessary, is only shared between units of the same Zones
       - ❑ i. Equipment that is shared between units is fully disinfected between each use
       - ❑ ii. Equipment sharing only occurs rarely between units
   - ❑ c. Full PPE is used to care for residents in the Red and Yellow Zones
   - ❑ d. Rooms are negative pressured or HEPA units are utilized in Red Zone rooms
   - ❑ e. COVID+ (Red) and Unexposed (Green) Zones are physically as far apart as possible within the facility
   - ❑ f. Residents with inconclusive PCR results for SARS-CoV-2 are retested as soon as   possible and moved to the Yellow Zone while awaiting repeat test results.

5. The facility utilizes the following criteria to determine if a Red or Yellow Zone may be de-escalated to unexposed status:
   - ❑ a. All residents in the Red or Yellow Zone who were confirmed or probable cases of COVID-19 have met criteria for discontinuation of Transmission-Based Precautions
   - ❑ b. A minimum of **10** days for residents with mild symptoms and **14** days for patients   with moderate/severe symptoms has passed since the successful implementation of Transmission-Based Precautions for COVID-19 and other IPC interventions for COVID-19
   - ❑ c. All residents who were NOT confirmed or probably cases of COVID-19 remain   asymptomatic
   - ❑ d. All staff remain asymptomatic OR have met return-to-work criteria
   - ❑ e. No additional or ongoing exposures have occurred

6. The facility has a Respiratory Protection Plan which includes the following actions for HCP respiratory protection (check all that apply):
   - ❑ a. All staff are fit tested
   - ❑ b. Respirators are available in appropriate sizes
   - ❑ c. Facility has plan for extended use and reuse of respirators in line with CDC
       guidelines.
   - ❑ d. Hand hygiene is performed before and after putting on a respirator.
   - ❑ e. Respirators that are reused are stored in a way to prevent contamination.

Management of Vaccinated Residents

<u>During Post-Vaccination Period (Through first 24-48 hours)</u>

1. Can HCP distinguish between symptoms that are consistent with vaccine reaction (immediate hypersensitivity, local symptoms like swelling) and symptoms that are not (Cough, shortness of breath, rhinorrhea, sore throat, or loss of taste or smell)?
   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

2. In a resident whose signs and symptoms are not consistent with COVID-19 vaccination, does the facility:

   2a. test for possible infectious etiologies, including SARS-CoV-2 and other pathogens as appropriate?
   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

   2b. place the resident in a single person room?
   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

   2c. cohort with other residents with confirmed SARS-CoV-2 infection? (should be No)
   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

   2d. initiate transmissions-based precautions for caring for residents with suspected or confirmed SARS-CoV-2 infection?
   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

   2e. follow up a negative SARS-CoV-2 antigen test with a confirmatory RT-PCR?
   - ❏ Yes

- ❏ No
- ❏ Unknown
- ❏ Not Assessed

3. In a resident whose signs and symptoms may be from either COVID-19 vaccination, SARS-CoV-2 infection, or another infection, does the facility:

    3a. Evaluate the resident for cause of symptoms?
- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

    3b. Restrict the resident to their current room except for medically necessary procedures?
- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

    3c. Initiate transmissions-based precautions for caring for residents with suspected or confirmed SARS-CoV-2 infection?
- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

    3d. monitor the resident and discontinue transmissions-based precautions if symptoms   resolve within 2 days of vaccination AND resident has been fever-free for at least 24   hours?
- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

    3e. monitor the resident and consider testing for SARS-CoV-2 if symptoms do not   resolve within 2 days of vaccination (confirmatory RT-PCR not required)?
- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

3f. consider simultaneous testing for influenza and other circulating respiratory viral diseases?
- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

4. In facilities with active transmission, are post-vaccination residents with ANY symptoms (consistent with vaccine reaction or not) tested for SARS-CoV-2 infection?
- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

5. Does the facility currently have or plan to have a strategy for evaluating and managing partially OR fully vaccinated residents that have symptoms that are consistent with a COVID-19 infection, including symptoms of COVID-19?
- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

6. Does the facility currently have or plan to have a strategy for evaluating and managing partially OR fully vaccinated residents who have an asymptomatic positive antigen or nucleic acid amplification test (NAAT) for COVID-19?
- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

COVID-19 and Other Infectious Disease Reporting

1. The facility has written intake procedures to identify potentially infectious persons at the time of admission. Examples: Documenting recent antibiotic use, and history of infections or colonization with *C. difficile* or antibiotic-resistant organisms.
- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

2. The facility has a system for notification of infection prevention coordinator when antibiotic-resistant organisms or *C. difficile* are reported by clinical laboratory.
   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

3. The facility has a written surveillance plan outlining the activities for monitoring/ tracking infections occurring in residents of the facility.
   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

4. The facility has system to follow-up on clinical information, (e.g., laboratory, procedure results and diagnoses), when residents are transferred to acute care hospitals for management of suspected infections, including sepsis. Note: Receiving discharge records at the time of re-admission is not sufficient to answer "yes"
   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

5. The facility has a written plan for outbreak response which includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed.
   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

6. The facility has a current list of diseases reportable to public health authorities.
   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

7. The facility can provide point(s) of contact at the local or state health department for assistance with outbreak response.
   - ❏ Yes
   - ❏ No

❏ Unknown
❏ Not Assessed

8. Does the facility currently have or plan to have a strategy for reporting facility-specific COVID-19 data to the DOH?
   ❏ Yes
      ❏ If yes: please ask respondent to describe how COVID-19 data is sent to the DOH.
   ❏ No
   ❏ Unknown
   ❏ Not Assessed

9. The facility has at least one staff member with an active SAMS card and access to the NHSN reporting module for HAI and COVID-19
   ❏ Yes
      ❏ If Yes: ask staff member to describe obstacle in obtaining access.
      ❏ Open-ended text box to record response.
   ❏ No
      ❏ If No: has a staff member attempted to obtain NHSN access and/ or a SAMS card?
   ❏ Unknown
   ❏ Not Assessed

10. Does the facility currently use PA-PSRS to submit reports of serious events and incidents?
   ❏ Yes
      ❏ If yes: how often are serious events and incidents logged in PA-PSRS?
         ❏ a. Every time a serious event or incident occurs in the facility.
         ❏ b. Sometimes
         ❏ c. Never
   ❏ No
   ❏ Unknown
   ❏ Not Assessed

11. The facility has a designated staff member for reporting cases of COVID-19 and other infectious diseases to NHSN.
   ❏ Yes
   ❏ No
   ❏ Unknown

❏ Not Assessed

12. The facility has a designated staff member for reporting cases of COVID-19 and other infectious diseases to PA-NEDSS.
   ❏ Yes
   ❏ No
   ❏ Unknown
   ❏ Not Assessed

IPC Policies and Procedures

1. Written infection control policies and procedures are available and based on evidence-based guidelines (e.g., CDC/HICPAC), regulations, or standards.
   ❏ Yes
   ❏ No
   ❏ Unknown
   ❏ Not Assessed

Note: Policies and procedures should be tailored to the facility and extend beyond OSHA bloodborne pathogen training or the CMS State Operations Manual.

2. Written infection control policies and procedures are reviewed at least annually or according to state or federal requirements and updated as appropriate.
   ❏ Yes
   ❏ No
   ❏ Unknown
   ❏ Not Assessed

3. The facility has a written plan for emergency preparedness (e.g., pandemic influenza, an emerging infectious disease such as SARS-CoV-2 or natural disaster).
   ❏ Yes
   ❏ No
      ❏ If No: skip to next section
   ❏ Unknown
   ❏ Not Assessed

If Yes:

4. The infection prevention component of the plan for emergency preparedness includes the following (check all that apply):
   ☐ Strategies to maintain consistent personnel assignments
   ☐ Evaluation and management of ill personnel
   ☐ Equipment (e.g., beds, chairs, lights) disinfection

□ Personal protective equipment (PPE) education and training
□ Protocols for new admissions or transfers
□ Reassignment of high-risk personnel
□ Resident cohorting
□ Respiratory hygiene
□ Social distancing and other nonpharmaceutical interventions
□ Vaccination plan for personnel and residents/patients
□ Vaccine and antiviral distribution
□ Visitation restrictions

5. The facility's designated ICP (or other designee) reviews and revises the policy at least yearly and whenever necessary:
   ❏ Yes
   ❏ No
   ❏ Unknown
   ❏ Not Assessed

Staff Turnover and Shortage Mitigation Actions

1. What is the facility's current nurse-resident ratio (if able to assess)? _____

2. The facility has a plan of action for addressing staff shortages.
   ❏ Yes
      ❏ If Yes: the facility can describe the plan of action for addressing staff shortages.
   ❏ No
   ❏ Unknown
   ❏ Not Assessed

3. The facility has employed the following methods to mitigate staffing shortages:
   ❏ a. N/A
   ❏ b. Cross-training personnel
   ❏ c. Sending residents to other facilities
   ❏ d. Requesting personnel postpone elective time off from work.
   ❏ e. For contingency capacity, allowing asymptomatic HCP who have had a higher-risk exposure to SARS-CoV-2 but are not known to be infected to shorten their duration of work restriction to 10 days or 7 days with testing.
   ❏ f. For crisis capacity, allowing asymptomatic HCP who are not fully vaccinated and have had a higher-risk exposure to SARS-CoV-2 but are

not known to be infected to continue to work onsite throughout their 14-day post-exposure period.

❏ g. Other (please describe):
_____

4. The facility administrator can obtain a record of employees who have left employment during the past 6 months without difficulty.

    ❏ Yes

        ❏ If Yes: the number of employees who have left employment during the past 6 months is _____

    ❏ No

    ❏ Unknown

    ❏ Not Assessed

Injection Safety

1. The facility has a policy on injection safety which includes protocols for performing finger sticks and point of care testing (e.g., assisted blood glucose monitoring)

    ❏ Yes

    ❏ No

    ❏ Unknown

    ❏ Not Assessed

2. Personnel who perform point of care testing receive training and competency validation on injection safety procedures at time of employment.

    ❏ Yes

    ❏ No

    ❏ Unknown

    ❏ Not Assessed

Note: if point of care tests is performed by contract personnel, facility should verify that training is provided by contracting company.

3. Personnel who perform point of care testing received training and competency validation on injection safety procedures within the past 12 months.

    ❏ Yes

    ❏ No

    ❏ Unknown

    ❏ Not Assessed

4. Safety devices and protocols are reviewed at least annually.
   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

5. The facility routinely audits (monitors and documents) adherence to injection safety procedures during point of care testing (e.g., AMBG).
   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

6. The facility provides feedback to personnel regarding their adherence to injection safety procedures during point of care testing.
   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

7. Supplies necessary for adherence to safe injection practices (e.g., single-use, auto-disabling lancets, sharps containers) are readily accessible in resident care areas.
   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

8. The facility has policies and procedures to track personnel access to controlled substances to prevent narcotics theft/drug diversion.
   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

Auditing

1. The facility performs audits on the following practices (select all that apply):
   - ❏ a. Blood glucose monitoring
   - ❏ b. Hand hygiene
   - ❏ c. Indwelling urinary catheter maintenance
   - ❏ d. Central line maintenance
   - ❏ e. PPE donning and doffing (non-COVID)

❏ f. PPE donning and doffing (COVID-specific)

❏ g. Cleaning and disinfection of resident rooms

❏ h. Cleaning and disinfection of resident equipment (e.g., vital signs equipment)

If no to all, skip to next section.

2. The facility audits include the following information for each respective practice (only ask about practices that the respondent selected in question #1):

Blood Glucose Monitoring

❏ Hand hygiene performed immediately prior to donning gloves.

❏ Supplies (e.g., lancet, gauze) are stored in a way to prevent contamination until use.

❏ Clean gloves worn.

❏ Single-use lancet used.

❏ Testing meter free of cracks or other defects that may prevent effective cleaning/disinfection of the meter.

❏ Gloves removed and hand hygiene performed immediately after patient contact.

❏ Was the testing meter dedicated to the resident and cleaned/disinfected before storing?

❏ If used for multiple residents, was the testing meter cleaned/disinfected before the next resident use?

Hand Hygiene

❏ Does the facility utilize a hand hygiene audit software such as iScrub Lite? If so, which software is used? _____

Audit components:

❏ Staff type

❏ Opportunity type

❏ Upon room entry

❏ Upon room exit

❏ Before resident contact

❏ After resident contact

❏ Before glove

- ❑ After glove

- ❑ After contact with body fluids

- ❑ Before aseptic task

- ❑ Other: _____

❑ HH performed?

- ❑ Yes

- ❑ Wash

- ❑ Rub

- ❑ No

Indwelling Urinary Catheter

❑ Need for IUC assessed regularly.

❑ Indication appropriate (i.e., retention, neurogenic bladder, etc.)

❑ HH before handling IUC

❑ Clean gloves donned before handling IUC.

❑ Bag <2/3 full

❑ Bag below bladder and above ground

❑ Unobstructed flow

❑ Device secured properly.

❑ Bag emptied properly.

❑ Specimen collected properly.

❑ Gloves removed after handling IUC.

❑ HH after handling IUC

Central Line

❑ Indication appropriate

❑ CVC maintenance performed regularly.

❑ Dressing clean, dry, and intact

❑ Dressing dated.

❑ HH performed before handling CVC.

❑ Clean gloves donned before handling CVC.

- ❏ CVC connected and disconnected aseptically.

- ❏ CVC hub scrubbed.

- ❏ CVC hub allowed to dry.

- ❏ Unused CVC ports are capped.

- ❏ CVC accessed with sterile devices only.

- ❏ Gloves removed after handling CVC.

- ❏ HH after handling CVC

Donning and Doffing for **NON-**COVID-19 Precautions

- ❏ There is a transmission-based precautions sign in plain sight outside the resident's room.

- ❏ The transmissions-based precautions sign is appropriate for the infection at hand.

- ❏ PPE is readily available near the resident's room.

- ❏ HCP knows where to look if they are unsure of a resident's precautions requirements (e.g., calling the facility IP, looking up the infection on 2007 HICPAC)

Donning for **CONTACT** precautions
- ❏ Hand hygiene is performed immediately prior to donning gown and gloves.
- ❏ Gown and gloves are donned before entering patient room.
- ❏ Gown is secured appropriately to the user (e.g., tied at neck and waist or snapped in place)
- ❏ Gloves are donned over the cuff/wrist of gown.

Doffing for **CONTACT** precautions
- ❏ Gloves are carefully removed so as not to cause additional contamination of hands*

- ❏ Gown is gently removed in the following manner:

  - ❏ User unties/unsnaps all ties and buttons.

  - ❏ User carefully reaches up to front of shoulders and pulls gown down and away from the body, taking care to only touch the interior of the gown while removing it.

  - ❏ User disposes of gown without touching the outside of the gown.

  *HCP may remove the gown and gloves at the same time by pulling the gown away from their body at the shoulders until the ties/snaps break, rolling the gown away from the arms until reaching the gloves and then

rolling the contaminated gloves into the interior of the gown and discarding. This is acceptable as long as HCP takes care not to touch the exterior of the contaminated gown or gloves while doffing.

❑ Hand hygiene is performed after gown is discarded.

*Donning for **DROPLET** precautions*

❑ Hand hygiene is performed immediately prior to donning facemask.

❑ Facemask is donned before entering patient room.

❑ Mask ties are secured at crown of head and base of neck.

    ❑ If mask is looped, loops are appropriately hooked around ears.

    ❑ Mask covers nose and chin.

    ❑ Mask is snug around bridge of user's nose.

1. If using face shield/eye protection

❑ Face shield/eye protection does not interfere with fit/seal of respirator.

❑ Respirator does not interfere with correct positioning of face shield/eye protection.

❑ Face shield (if using) extends past chin.

❑ Eye protection (if using) provides full coverage around eyes.

*Doffing for **DROPLET** precautions in **conventional** capacity setting*

❑ Hand hygiene is performed prior to removing facemask.

❑ Facemask is carefully untied/unhooked and removed from user's face without user touching front of mask.

❑ Facemask is discarded prior to exiting resident room.

❑ Hand hygiene is performed immediately after facemask is discarded.

❑ Face shield/eye protection is carefully removed and discarded prior to exiting resident room.

❑ Hand hygiene is performed immediately after discarding of face shield/eye protection.

*Extended use considerations for **DROPLET** precautions in **contingency** capacity setting*

❑ Extended use of facemask is limited to residents with similar infections (i.e., cohorts)

❑ Facemask is discarded whenever it is removed.

❑ Facemask is always discarded at the end of each workday.

- ❑ Facemask is discarded whenever visibly soiled, damaged, or hard to breathe through.

- ❑ Hand hygiene is performed any time HCP touches the facemask with their hands.
- ❑ HCP leaves patient care area at any time they need to remove the facemask.

Donning for *AIRBORNE* precautions

- ❑ Hand hygiene is performed immediately prior to donning NIOSH-approved N95 (or higher) respirator.

- ❑ Respirator is donned before entering patient room.

- ❑ User leans forward slightly while donning respirator to facilitate a snug fit.

- ❑ Respirator is placed snugly on face with both hands to cover nose and chin.

- ❑ respirator straps are secured at crown of head and base of neck.

- ❑ User seal check is performed to ensure appropriate fit.
- ❑ User checks that resident room is negative pressure prior to entering.

Doffing for *AIRBORNE* precautions in *conventional* capacity setting

- ❑ Hand hygiene is performed prior to removing respirator.

- ❑ User leans forward slightly while removing respirator to help avoid accidental contamination.

- ❑ User carefully removes bottom strap first, bringing it carefully over their head without touching anything else.

- ❑ User carefully brings top strap over their head.

- ❑ User pulls respirator away from face without touching front of respirator*

- ❑ User discards of respirator

- ❑ User performs hand hygiene.

Note: if user is struggling to avoid contamination, it can be helpful to tighten the top strap at this step and slowly lift the respirator away from the face while lifting the top strap away from the head at the same time.

Extended use considerations for *AIRBORNE* precautions in *contingency* capacity setting

- ❑ Extended use of respirator is limited to residents with similar infections (i.e., cohorts)
- ❑ Respirator is discarded whenever it is removed (e.g., at mealtimes)

❏ respirator is always discarded at the end of each workday.

❏ User assesses respirator fit throughout the day to ensure seal is still adequate.

❏ respirator is discarded whenever contaminated with blood, respirator or nasal secretions or other bodily fluids from patients.

❏ Hand hygiene is performed any time HCP touches respirator with their hands.

❏ HCP leaves patient care area at any time they need to remove the respirator.

*Donning for **CONTACT/DROPLET** precautions*
❏ 1. Hand hygiene is performed immediately prior to donning PPE
❏ 2. All PPE is donned before entering resident room
❏ 3. Gown is secured appropriately to the user (e.g., tied at neck and waist or snapped in place)
❏ 4. Facemask ties are secured at crown of head and base of neck
  ❏ If mask is looped, loops are appropriately hooked around ears.
  ❏ Mask covers nose and chin.
  ❏ Mask is snug around bridge of user's nose.
❏ 5. If using face shield/eye protection
  ❏ Face shield/eye protection does not interfere with fit/seal of respirator.
  ❏ Respirator does not interfere with correct positioning of face shield/eye protection.
  ❏ Face shield (if using) extends past chin.
  ❏ Eye protection (if using) provides full coverage around eyes.
❏ 6. Gloves are donned over the cuff/wrist of gown

*Doffing for **CONTACT/DROPLET** precautions in **conventional** capacity setting*
❏ 1. Gloves are carefully removed so as not to cause additional contamination of hands*
❏ 2. Gown is gently removed in the following manner:
  ❏ a. User unties/unsnaps all ties and buttons.
  ❏ b. User carefully reaches up to front of shoulders and pulls gown down and away from the body, taking care to only touch the interior of the gown while removing it.
❏ c. User disposes of gown without touching the outside touching the outside of the gown.

*HCP may remove the gown and gloves at the same time by pulling the gown away from their body at the shoulders until the ties/snaps break, rolling the gown away from the arms until reaching the gloves and then rolling the contaminated gloves

into the interior of the gown and discarding. This is acceptable as long as HCP takes care not to touch the exterior of the contaminated gown or gloves while doffing.

- ❏ 3. Hand hygiene is performed
- ❏ 4. Facemask is carefully untied/unhooked and removed from user's face without user touching front of mask
- ❏ 5. Facemask is discarded prior to exiting resident room
- ❏ 6. Hand hygiene is performed
- ❏ 7. Face shield/eye protection is carefully removed and discarded
- ❏ 8. Hand hygiene is performed immediately after discarding of face shield/eye protection after discarding of face shield/eye protection

Donning and Doffing for **COVID-19** Precautions

- ❏ 1. Hand hygiene is performed before any PPE is donned
- ❏ 2. PPE is donned before entering patient room
- ❏ 3. Gown is secured appropriately to the user (e.g., tied at neck and waist or snapped in place)
- ❏ 4. For respirator:
  - ❏ a. Respirator is placed snugly on face with both hands to cover nose and chin.
  - ❏ b. Respirator straps are secured at crown of head and base of neck.
  - ❏ c. HCP performs user seal check.
- ❏ 5. If using facemask:
  - ❏ a. Mask ties are secured at crown of head and base of neck.
    - ❏ i. If mask is looped, loops are appropriately hooked around ears.
  - ❏ b. Mask covers nose and chin.
  - ❏ c. Mask is snug around bridge of user's nose.
- ❏ 6. If using face shield/eye protection
  - ❏ a. Face shield/eye protection does not interfere with fit/seal of respirator.
  - ❏ b. Respirator does not interfere with correct positioning of face shield/eye protection.
  - ❏ c. Face shield (if using) extends past chin.
  - ❏ d. Eye protection (if using) provides full coverage around eyes.
- ❏ 7. Gloves are donned last if using
- ❏ 8. Gloves are donned over the cuff/wrist of gown

Doffing for **COVID-19** precautions in **conventional** capacity setting

- ❏ 1. Gloves are carefully removed so as not to cause additional contamination of hands
- ❏ 2. Gown is gently removed in the following manner:
  - ❏ a. User unties/unsnaps all ties and buttons.

- ❏ b. User carefully reaches up to front of shoulders and pulls gown down and away from the body.
  - ❏ c. User disposes of gown without touching the outside of the gown.
- ❏ 3. Hand hygiene is performed after exiting patient room
- ❏ 4. Face shield/eye protection is removed without touching front of face shield/eye protection
- ❏ 5. Face shield/eye protection is discarded (if single use).
- ❏ 6. Hand hygiene is performed.
- ❏ 7. User leans forward slightly while removing respirator to help avoid accidental contamination
- ❏ 8. User carefully removes bottom strap first, bringing it carefully over their head without touching anything else.
- ❏ 9. User carefully brings top strap over their head
- ❏ 10. User pulls respirator away from face without touching front of respirator*
- ❏ 11. User discards of respirator
- ❏ 12. User performs hand hygiene

Note: if user is struggling to avoid contamination, it can be helpful to tighten the top strap at this step and slowly lift the respirator away from the face while lifting the top strap away from the head at the same time.
- ❏ 13. Hand hygiene is performed after all PPE is doffed

*Extended use considerations for **COVID-19** in **contingency** capacity setting*
- ❏ Extended use of respirator is limited to residents with similar infections (i.e., cohorts)
- ❏ Respirator is discarded whenever it is removed (e.g., at mealtimes)
- ❏ respirator is always discarded at the end of each workday.
- ❏ User assesses respirator fit throughout the day to ensure seal is still adequate.
- ❏ respirator is discarded whenever contaminated with blood, respirator or nasal secretions or other bodily fluids from patients.
- ❏ Hand hygiene is performed any time HCP touches respirator with their hands.
- ❏ HCP leaves patient care area at any time they need to remove the respirator.

*Respirator reuse considerations for **COVID-19** in **crisis** capacity setting*
- ❏ Does the facility only use NIOSH-approved respirators? The CDC no longer recommends the strategy of using non-NIOSH approved respirators to mitigate respirator shortages.

- ❑ Do HCP limit their respirator reuses to no more than 5?

- ❑ How do HCP keep track of the number of respirators uses?

- ❑ Do HCP know the difference between extended use and reuse?

- ❑ Does the facility decontaminate respirators for limited reuse? The CDC no longer recommends this strategy.

- ❑ Does the facility have a designated storage area for respirators that are being reused?

- ❑ Where are respirators stored between uses?

- ❑ Do staff store their respirators in clearly labeled brown paper bags?

Cleaning and Disinfection of Resident Rooms

- ❑ The facility follows risk-based environmental cleaning frequency principles (e.g., high-touch surfaces are prioritized for cleaning, etc.)

- ❑ *HCP can easily identify high-touch surfaces in resident rooms.*

- ❑ HCP can describe the difference between cleaning and disinfection.

- ❑ HCP clean high-touch surfaces in rooms of residents at least once per day

- ❑ The facility provides checklists to HCP to aid in effective cleaning (e.g., high-touch surfaces checklist)

- ❑ EVS staff know where to find the SOP for the cleaning solutions.

- ❑ Cleaning solutions are mixed in a safe, designated area following the SOP/ manufacturer's instructions.

- ❑ There is a procedure for cleaning rooms with patients on transmission-based precautions (e.g., C. diff)

- ❑ The facility has written cleaning/disinfection policies which include cleaning and disinfection of high-touch surfaces in common areas.

- ❑ EVS staff are trained on proper use of cleaning (and disinfecting, if applicable) product

- ❑ HCP and EVS staff can speak to manufacturer's instructions and contact time for disinfectants in use.

- ❑ The facility performs quality monitoring of environmental cleaning practices (e.g., fluorescent marker test)

- ❑ The facility has a cleaning schedule for cleaning resident rooms.

- ❑ The facility cleaning schedule for resident rooms includes the following:

- ❏ Identifies person(s) responsible for cleaning.

- ❏ Identifies frequency of cleaning required.

- ❏ Identifies products and/or process to be used.

- ❏ Detailed SOPs for environmental cleaning of surfaces

❏ If there has been a sick person or someone who tested positive for COVID-19 in the facility within the last 24 hours, all spaces they occupied are cleaned and disinfected.

❏ During resident room cleaning:

- ❏ HCP proceeds from cleaner to dirtier (i.e., from outside patient zone to inside)

- ❏ HCP cleans from high to low (e.g., bed rails before bed legs)

- ❏ HCP uses the appropriate product for the item being cleaned.

- ❏ HCP uses a fresh cleaning cloth after cleaning higher risk resident rooms or when cloths are no longer saturated.

Cleaning and Disinfection Considerations for COVID-19

- ❏ Areas used by a COVID-19 positive resident at prioritized for cleaning and disinfection before other areas.

- ❏ Areas used by a COVID-19 positive resident are closed off until they are cleaned and disinfected.

- ❏ Staff wait as long as possible before cleaning/disinfecting the room of a resident with COVID-19.

- ❏ Staff take action to increase air circulation in the area (e.g., open doors and windows and use fans or HVAC settings to increase air circulation in the area.

- ❏ Cleaning products from the EPA's List N are used.

- ❏ Mask and gloves are worn during cleaning/disinfection of area.

Cleaning and Disinfection of Resident Equipment

- ❏ Equipment is cleaned according to manufacturer's instruction.

- ❏ HCP are instructed on appropriate cleaning procedure for each piece of equipment.

- ❏ When cleaning equipment in a resident room, HCP clean equipment outside the patient zone before cleaning equipment inside the patient zone

❑ The facility has a dedicated sluice room/ soiled utility room (if no, skip the next question)

❑ Soiled equipment is cleaned and disinfected in a soiled utility room.

❑ The soiled utility room contains:

    ❑ A door that is kept closed at all times.

    ❑ A work counter and utility sink with a hot and cold faucet

    ❑ A dedicated handwashing sinks.

    ❑ Space for washers/disinfectors

    ❑ PPE available to protect staff during cleaning and disinfecting procedures.

❑ The facility has a dedicated room/area for storing equipment after cleaning (if no, skip the next question)

❑ The dedicated clean equipment room/area contains:

    ❑ Is distinctly separate from soiled areas to prevent confusion regarding cleanliness status.

    ❑ Shelves that are smooth, non-porous and easy to clean (if applicable)

    ❑ Is protected from water and soil, dirt, and dust.

    ❑ Is in a location that is easily accessible to staff and close as possible to patient areas.

IPC During Specimen Collection

SARS-CoV-2

1. The following PPE is worn when collecting a specimen from resident with known or suspected COVID-19 (select all that apply):

    ❑ Gown
    ❑ Gloves
    ❑ N95 or higher respirator
    ❑ Eye protection

2. Visitors are not present for specimen collection.

    ❑ Yes
    ❑ No
    ❑ Unknown
    ❑ Not Assessed

3. Procedure room/area surfaces are cleaned and disinfected promptly and according to disinfectant manufacturer's instruction.

- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

4. Hand hygiene is performed in between each specimen collection.

- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

5. Clean gloves are donned between each specimen collection.

- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

6. Specimens are stored (if being stored) according to manufacturer's instruction.

- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

7. Specimens are collected in a well-ventilated space as much as possible.

- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

If applicable, for SNFs performing specimen testing:
- ❏ 1. The specimens are processed in a location associated with a current CLIA certificate waiver.
- ❏ 2. Staff is trained on the proper use of the testing instrument.
- ❏ 3. Manufacturer-recommended procedures for decontamination are. followed after instrument use.
- ❏ 4. Hand hygiene is performed before and after all specimen handling.
- ❏ 5. The following PPE is worn when testing a specimen:
  - ❏ Gown
  - ❏ Gloves

- ❏ N95 or higher respirator (or facemask if respiratory unavailable)
- ❏ Eye protection

Communication with Facility Leadership

1. The facility has a process in place to notify admin/corporate within 24 hours of the detection of an outbreak.

   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

2. The facility has a process in place to provide clear and consistent updates **to** admin/corporate about facility operations and work expectations during the outbreak.

   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

3. The facility has a process in place to provide clear and consistent updates **from** admin/corporate about facility operations and work expectations during the outbreak.

   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

4. There is an admin/corporate presence in meetings related to outbreaks, emergencies, and other urgent IPC events.

   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

5. Admin/corporate receives periodic communications regarding HAI and other key IPC trends (if IPC trends are being followed).

   - ❏ Yes

- ❏ No
- ❏ Unknown
- ❏ Not Assessed

IPC During Patient Transfer

1. The facility has designated someone responsible for calling the receiving facility and informing them the patient they are receiving is under transmission-based precautions.

   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

If Yes: Who is the person designated for this responsibility? _____

2. Who is contacted at the receiving facility (select all that apply)?

   - ❏ a.　Case Manager
   - ❏ b.　Administrator
   - ❏ c.　Receiving Unit Charge Nurse
   - ❏ d.　Infection Preventionist
   - ❏ e.　N/A
   - ❏ f.　Unknown
   - ❏ g.　Whenever a resident transfer occurs the facility sends the receiving　facility both a written and verbal notification that the resident is under　transmission-based precautions.
     - ❏ Yes
     - ❏ No
       - ❏ If No: How does the facility notify receiving facilities of the resident transfer?
     - ❏ Unknown
     - ❏ Not Assessed

3. If a written form is provided to the receiving facility, is the transfer form placed on top of all other documents?

   - ❏ Yes
   - ❏ No
   - ❏ Unknown
   - ❏ Not Assessed

4. On the transfer form, are the Transmission-Based Precautions highlighted or emphasized in any way to draw the receiving's facility and transport team's attention to this information?

- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

5. The facility transfer form includes the following components (select all that apply):

- ❏ a.　Contact name and phone numbers from the transferring unit
- ❏ b.　Contact name and phone numbers from the transferring physician
- ❏ c.　Contact name and phone numbers from the receiving case manager/administrator/receiving unit.
- ❏ d.　Contact name and phone numbers from the receiving infection preventionist
- ❏ e.　State which potentially transmissible infectious organisms the patient has　or is suspected to have.
- ❏ f.　Patient's symptoms
- ❏ g.　If the patient has any medical device(s) the patient (Central line, PICC,　catheter, trach

Antimicrobial Stewardship

1. Does the facility have or plan to have an Antibiotic Stewardship Program (ASP)?

- ❏ Yes
- ❏ No
    - ❏ If No: skip to next section
- ❏ Unknown
- ❏ Not Assessed

2. Can your facility demonstrate leadership support for antibiotic stewardship through one or more of the following actions?
- ❏ Yes
    - ❏ If yes, indicate which of the following are in place (select all that apply):
        - ❏ Written statement of leadership support to improve antibiotic use.
        - ❏ Antibiotic stewardship duties included in medical director position description.

- ❏ Antibiotic stewardship duties included in director of nursing position description.
  - ❏ Leadership monitors whether antibiotic stewardship policies are followed.
  - ❏ Antibiotic use and resistance data is reviewed in quality assurance meetings.
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

3. Has the facility identified a lead(s) for antibiotic stewardship program activities?

    - ❏ Yes
        - ❏ If yes, indicate who is accountable for stewardship activities (select all that apply):
            - ❏ Medical director
            - ❏ Director or assistant director of nursing services
            - ❏ Consultant pharmacist
            - ❏ Other: _____
    - ❏ No
    - ❏ Unknown
    - ❏ Not Assessed

4. Does the facility have access to individual(s) with antibiotic stewardship expertise?

    - ❏ Yes
        - ❏ If yes, indicate who is accountable for providing stewardship expertise (select all that apply):
            - ❏ Consultant pharmacy has staff trained/experienced in antibiotic stewardship.
            - ❏ Partnering with stewardship team at referral hospital
            - ❏ External infectious disease/stewardship consultant
            - ❏ Other: _____
    - ❏ No
    - ❏ Unknown
    - ❏ Not Assessed

5. Does the facility have policies to improve antibiotic prescribing/use?
    - ❏ Yes
        - ❏ If yes, indicate which policies are in place (select all that apply):

- ❏ Requires prescribers to document a dose, duration, and indication for all antibiotic prescriptions.
- ❏ Developed facility-specific algorithm for assessing residents.
- ❏ Developed facility-specific algorithms for appropriate diagnostic testing (e.g., obtaining cultures) for specific infections.
- ❏ Developed facility-specific treatment recommendations for infections.
- ❏ Review's antibiotic agents listed on the medication formulary.
- ❏ Other: _____
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

6. Has the facility implemented practices to improve antibiotic use?

- ❏ Yes
  - ❏ If yes, indicate which practices are in place (select all that apply):
    - ❏ Utilizes a standard assessment and communication tool for residents suspected of having an infection.
    - ❏ Implemented process for communicating or receiving antibiotic use information when residents are transferred to/from other healthcare facilities.
    - ❏ Developed reports summarizing the antibiotic susceptibility patterns (e.g., facility antibiogram)
    - ❏ Implemented an antibiotic review process/ "antibiotic time out."
    - ❏ Implemented an infection specific intervention to improve antibiotic use.
    - ❏ Indicate for which condition(s): _____
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

7. Does the consultant pharmacist support antibiotic stewardship activities?

- ❏ Yes
  - ❏ If yes, indicate activities performed by the consultant pharmacist (select all that apply):

- ❏ Review's antibiotic courses for appropriateness of administration and/or indication
- ❏ Establishes standards for clinical/laboratory monitoring for adverse drug events from antibiotic use.
- ❏ Review's microbiology culture data to assess and guide antibiotic selection.

- ❏ No
- ❏ Unknown
- ❏ Not Assessed

8. Does the facility monitor one or more measures of antibiotic use?

- ❏ Yes
    - ❏ If yes, indicate which of the following are being tracked (select all that apply):
        - ❏ Adherence to clinical assessment documentation (signs/symptoms, vital signs, physical exam findings)
        - ❏ Adherence to prescribing documentation (dose, duration, indication)
        - ❏ Adherence to facility-specific treatment recommendations
        - ❏ Performs point prevalence surveys of antibiotic use.
        - ❏ Monitors rates of new antibiotic starts/1,000 resident-days.
        - ❏ Monitor's antibiotic days of therapy/1,000 resident-days
        - ❏ Other: _____
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

9. Does your facility monitor one or more outcomes of antibiotic use?

- ❏ Yes
    - ❏ If yes, indicate which of the following are being tracked (select all that apply):
        - ❏ Monitors rates of C. difficile infection
        - ❏ Monitors rates of antibiotic-resistant organisms
        - ❏ Monitors rates of adverse drug events due to antibiotics
        - ❏ Other: _____
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

10. Does your facility provide facility-specific reports on antibiotic use and outcomes with clinical providers and nursing staff?

- ❏ Yes
    - ❏ If yes, indicate which of the following are being tracked (select all that apply):
        - ❏ Measures of antibiotic use at the facility
        - ❏ Measures of outcomes related to antibiotic use (i.e., C. difficile rates)
        - ❏ Report of facility antibiotic susceptibility patterns (within last 18 months)
        - ❏ Personalized feedback on antibiotic prescribing practices (to clinical providers) Other:

        _____
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

11. Does your facility provide educational resources and materials about antibiotic resistance and opportunity for improving antibiotic use?

- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed

Water Management

1. Does the facility have a water management program team?

- ❏ Yes
- ❏ No
    - ❏ If No: skip this section.
- ❏ Unknown
- ❏ Not Assessed

2. Does the team have at a minimum, representatives from the following interdisciplinary areas? Select all that apply:

- ❏ Facility administration/ownership or C-Suite
- ❏ Facilities management
- ❏ Facilities engineer.
- ❏ Infection prevention
- ❏ None of these

❏ Other: _____

3. Has the water management program team identified external hazards and plans for managing these hazards (for example, managing a water main break)?

    ❏ Yes
    ❏ No
    ❏ Unknown
    ❏ Not Assessed

4. Has the water management program team identified areas of the facility where opportunistic pathogens of premise plumbing may grow and spread (e.g., areas with biofilms)?

    ❏ Yes
    ❏ No
    ❏ Unknown
    ❏ Not Assessed

5. Has the facility received an Infection Control Risk Assessment (ICRA) that has been adapted for potential direct and indirect water exposures?

    ❏ Yes
        ❏ If yes, when was the last ICRA for water exposures performed?
        _____
    ❏ No
    ❏ Unknown
    ❏ Not Assessed

6. Has the water management program team determined control limits for control measures to be monitored (e.g., water temperature)?

    ❏ Yes
        ❏ If Yes: who monitors control limits? _____
    ❏ No
    ❏ Unknown
    ❏ Not Assessed

7. Is routine environmental sampling for Legionella performed?

    ❏ Yes
        ❏ If yes, How Often?
    ❏ No

❏ Unknown

❏ Not Assessed

8. When a sentinel infection or cluster of infections that is potentially linked to a water source is identified, does the facility notify the Health Department?

❏ Yes
   ❏ If Yes: please describe the protocols for reporting a sentinel infection or cluster potentially linked to a water source to the Department.
❏ No
❏ Unknown
❏ Not Assessed

Visitation Considerations

1. Visitation is held outdoors whenever practicable even when the resident and visitor are fully vaccinated against COVID-19.

   Note: *For outdoor visits, facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.*
   ❏ Yes
   ❏ No
   ❏ Unknown
   ❏ Not Assessed

2. Facilities allow indoor visitation at all times and for all residents (regardless of vaccination status) except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times).

   Note: *These scenarios include limiting indoor visitation for*:

   ❏ *Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated.*

   ❏ *Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; or*

   ❏ *Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.*

3. The facility allows fully vaccinated residents to choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after.

Note: *Visitors should continue to always physically distance from other residents and staff in the facility.*
- ❏ Yes
- ❏ No
- ❏ Unknown
- ❏ Not Assessed