Nursing Home COVID-19 Infection Control Assessment and Response (ICAR) Tool Facilitator Guide

How to use this ICAR tool

This tool is intended to help assess infection prevention and control (IPC) practices in **nursing homes without an active outbreak** of COVID-19. However, public health jurisdictions may choose to modify this tool to fit their needs beyond this defined scope (e.g., modifications to assess facilities experiencing an outbreak).

The tool is divided into **fourteen sections**:

Section 1: Collects facility demographics and critical infrastructure information and is intended for completion by the facility prior to the ICAR (provided as separate PDF to send to facility: https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-icar-section1-demographics.pdf). These questions are often ones that require the facility to look up or consult with certain staff members and thus pre-collection often saves times during the actual assessment. The ICAR facilitator should decide if any of the responses need to be verbally reviewed or require further explanation at the beginning of the assessment. If no further clarification is needed, then the facilitator should start on the next section and refer to this section as needed.

Section 1 of the facilitator guide provides the rationale behind the questions and how the answers may be utilized during the rest of assessment.

Sections 2-7: Are intended for review during a discussion of policies and practices with the facility. These sections cover personal protective equipment (PPE), hand hygiene, environmental cleaning, general IPC practices, resident-specific practices, and SARS-CoV-2 testing.

The questions are formatted to include:

- Scenarios such as what type of PPE would be used in certain situations,
- Closed-ended questions with "yes/no" response options, and
- Open-ended questions which prompt for more descriptive responses
  - » For the open-ended questions, common responses are often listed below each question to aid in data collection but may contain answers that would not be considered a recommended IPC practice. The facilitator guide should be consulted for the recommended IPC practice.

Sections 8-14: Are intended for use during an in-person or video tour of the facility and include a review of screening areas, hand hygiene supplies, PPE use and storage, frontline healthcare personnel (HCP) interviews, breakrooms, and a designated COVID-19 care area. These sections are meant to assess how some of the discussed policies and practices are being implemented. If this tool is being used as part of an in-person assessment, additional areas and observations of HCP practices may be assessed beyond what is listed in this tool. This facilitator guide provides some additional instructions for the use of these sections.

Contents

Section 1. Facility Demographics and Critical Infrastructure

This section should be completed by the facility prior to the ICAR (provided as separate PDF: https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-icar-section1-demographics.pdf). The ICAR facilitator should decide if any of these responses need to be verbally reviewed or require further explanation at the beginning of the assessment. If no further clarification is needed, the facilitator should begin with Section 2 and refer back to this section as needed.

The below facilitator guide section provides the **rationale** behind the questions in section 1.

Date of the assessment: _____

Name of ICAR facilitator: _____

1. Facility name: _____

2. County in which the facility is located: _____

Knowing the facility's county prior to the assessment allows the ICAR facilitator to determine the facility's COVID-19 county-level positivity rate which can be found at the provided links. The facility is also asked to report this rate in **question 11** below.

https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg

3. Type of care provided by the facility (please select all that apply):

- ☐ Skilled nursing
- ☐ Subacute rehabilitation
- ☐ Long-term care
- ☐ Ventilator care
- ☐ Tracheostomy care
- ☐ Dementia/memory care
- ☐ Psychiatric care
- ☐ In-facility dialysis
- ☐ Other, please specify: _____

Understanding the type of care provided can help define the resident population nursing homes serve, and what special considerations may need to be accounted for during this assessment. For instance, on dementia/memory care units, numerous residents may have difficulty following infection prevention practices such as mask wearing and social distancing. This ICAR tool is intended to provide a general assessment of nursing home practices; however, based upon the facility needs, additional assessment questions could be required. Additional guidance regarding some of these settings can be found at these links:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control

https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis.html

4. Total number of licensed beds in the facility: _____

Provides the maximum number of residents the facility can care for based upon the license granted by the regulatory body.

5. Total number of residents currently in the facility: _____

6. Total number of units in the facility: _____

Provides a general sense of the size of the facility, and their ability to have dedicated areas for COVID-19 care. Asking for a map of the facility, especially if the assessment is being conducted remotely, may also prove helpful.

7. Total number of each resident room type in the facility:

- Singles/Privates: _____
- Doubles/Semi-Privates: _____
- Triples: _____
- Quads: _____
- Other, please specify: _____

Understanding room types within a facility can provide information on their ability to create dedicated areas for COVID-19 care, ability to room individuals without roommates in certain circumstances, and can provide some sense of exposure risk. For example, in the setting of a newly identified resident with SARS-CoV-2 infection, a facility may have three exposed roommates with quad rooms compared to only one or no exposed roommate for a facility with mainly private and semiprivate rooms.

8. Current number of healthcare personnel (HCP) working in the facility:

8a. Total number of HCP: _____

8b. Number of nurses (RNs, LVNs, etc.):_____

8c. Number of nursing aides: _____

8d. Number of environmental service staff (i.e., housekeeping):_____

This number can provide a rough estimate of the resources a facility needs for supplies such as for viral testing and personal protective equipment, may suggest possible staffing shortages, and can provide an estimate of exposure risk. For example, a larger number of HCP entering the facility from the community may pose increased risk of SARS-CoV-2 exposure to residents.

Per CDC, "HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to residents or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in resident care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel)."

9. In the last 6 months, has the facility had **any** infection prevention and control assistance (e.g., consultation, assessment, survey) from groups outside the facility?

◯ Yes ◯ No ◯ Unknown

If YES,

9a. From whom (please select all that apply):

☐ Public health ☐ Survey agency ☐ Corporate entity ☐ Other, please specify: _____

9b. Please summarize any changes made in infection prevention and control policies or practices as a result of the assistance (account for all on-site visits if more than one has occurred).

_____

This question can provide a sense of how much prior assistance has already occurred, what IPC gaps have been identified, and the steps that have been taken to mitigate these gaps. During the assessment, the facilitator may want to prioritize reviewing these areas and encompass them into any visual assessment of the facility.

10. Which of the following describes the current transmission of SARS-CoV-2 in the community surrounding your facility?

◯ No to minimal transmission (isolated cases throughout the community)

◯ Minimal to moderate transmission (sustained transmission with high likelihood or confirmed exposure within communal settings such as long-term care facilities and potential for rapid increase in cases)

◯ Substantial transmission (large scale community transmission including outbreaks in communal settings such as long-term care facilities)

◯ Unknown

The amount of community transmission directs the universal PPE use recommendations for HCP. While all facilities should be utilizing universal source control measures (i.e., facemasks, cloth face coverings) for HCP, residents, and visitors, facilities located in areas with moderate to substantial community transmission should have HCP additionally wear eye protection during all resident encounters and wear a N95 or equivalent or higher-level respirator, instead of a facemask, for aerosol generating procedures.

Source:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

11. Which of the following describes your facility's COVID-19 county-level positivity rate (to determine use this link: https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg)?

◯ <5% ◯ 5-10% ◯ >10% ◯ Unknown

Per CMS guidance, the frequency of routine HCP viral testing should be determined by the facility's COVID-19 county-level positivity rate which can be found at the provided links.

https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg

https://www.cms.gov/files/document/qso-20-38-nh.pdf

12. Has your facility ever had any residents with SARS-CoV-2 infection (asymptomatic or symptomatic)?

- ◯ Yes
- ◯ No
- ◯ Unknown

If YES,

12a. Total number of residents with at least one positive viral test for SARS-CoV-2 to date (include those diagnosed both at the facility and at other locations): _____

12b. Total number of residents with nursing-home onset SARS-CoV-2 infections (include those diagnosed both at the facility and at other locations): _____

12c. Date *first* resident(s) with SARS-CoV-2 infection had their first positive viral test (asymptomatic or symptomatic): _____

12d. Date *most recent* resident(s) with SARS-CoV-2 infection had a positive viral test (asymptomatic or symptomatic): _____

12e. Total number of residents with SARS-CoV-2 infection currently in the facility who have not met criteria for discontinuation of Transmission-Based Precautions (i.e., isolation): _____

This question aims to determine whether the facility is currently caring for or has previously cared for residents with SARS-CoV-2 infections. **Nursing home-onset SARS-CoV-2 infections** refers to SARS-CoV-2 infections that originated in the nursing home. It does not refer to residents who were known to have COVID-19 on admission to the facility and were placed into appropriate Transmission-Based Precautions to prevent transmission to others in the facility or residents who were placed into Transmission-Based Precautions on admission and developed SARS-CoV-2 infection within 14 days after admission.

Each public health jurisdiction will need to decide:

1. If the facility had any recent nursing home onset infections (i.e., new infections in the last 2 weeks), will they pursue a remote assessment versus an in-person assessment? In general, an in-person on-site ICAR is preferred for facilities with an active outbreak. However, jurisdictions may decide that remote assessments are still appropriate when accounting for any number of factors such as facilities with only several individuals with known infections, available public health resources, and which will provide the timelier response. In-person assessments can always occur after a remote assessment is conducted.
2. How will jurisdictions modify this tool if used to assess a facility with an active outbreak? This tool is intended for assessing facilities without an active outbreak. While many of the concepts covered in this tool should be reviewed regardless of outbreak status (e.g., PPE use, hand hygiene, environmental cleaning, etc.), a jurisdiction should modify this tool to better fit its response needs. For instance, some areas that may require tool modification could include but not limited to: More time dedicated to understanding the current outbreak epidemiology (e.g., affected units, number of exposed HCP and residents, etc.); more in-depth review of select topics such as resident cohorting strategies, facility management of symptomatic or exposed residents, testing strategies, mitigating staffing shortages; and more time dedicated to certain parts of the facility tour such observing IPC practices in the designated COVID-19 area.

13. Has your facility ever had any HCP with SARS-CoV-2 infection (asymptomatic or symptomatic)?

- ◯ Yes
- ◯ No
- ◯ Unknown

If YES,

13a. Total number of HCP with at least one positive viral test for SARS-CoV-2 to date: _____

13b. Date *first* HCP with SARS-CoV-2 infection had their first positive viral test (asymptomatic or symptomatic): _____

13c. Date *most recent* HCP with SARS-CoV-2 infection had a positive viral test (asymptomatic or symptomatic): _____

13d. Total number of HCP with SARS-CoV-2 infection who have not met criteria to return to work: _____

This question aims to quantify the number of current or previously infected HCP who have worked at the facility. Like for the above question, depending upon factors such as current HCP case numbers, HCP epidemiological links, and the presence of concurrent resident infections, an in-person visit may be more appropriate if an outbreak is suspected.

14. If facility PPE supply and demand remains in its current state, how long will each of the following supplies last?

Eye protection (face shields or goggles)

◯ <1 week ◯ 1-2 weeks ◯ 3-4 weeks ◯ >4 weeks ◯ Unknown

Facemasks

◯ <1 week ◯ 1-2 weeks ◯ 3-4 weeks ◯ >4 weeks ◯ Unknown

Cloth face coverings (for resident/visitor use)

◯ <1 week ◯ 1-2 weeks ◯ 3-4 weeks ◯ >4 weeks ◯ Unknown

Disposable, single-use respirators (such as N95 filtering facepiece respirators)

◯ <1 week ◯ 1-2 weeks ◯ 3-4 weeks ◯ >4 weeks ◯ Unknown ◯ Not applicable

List type of respirators (to include if they have exhalation valves):

_____

Elastomeric respirators

◯ <1 week ◯ 1-2 weeks ◯ 3-4 weeks ◯ >4 weeks ◯ Unknown ◯ Not applicable

Powered air purifying respirators (PAPR)

◯ <1 week ◯ 1-2 weeks ◯ 3-4 weeks ◯ >4 weeks ◯ Unknown ◯ Not applicable

Gowns

◯ <1 week ◯ 1-2 weeks ◯ 3-4 weeks ◯ >4 weeks ◯ Unknown

Gloves

◯ <1 week ◯ 1-2 weeks ◯ 3-4 weeks ◯ >4 weeks ◯ Unknown

This question gives the facilitator a sense of the facility's current estimated PPE supply. It is important for the facilitator to keep this information in mind during the review of PPE practices to see if it aligns with the facility's current PPE optimization strategies such as practicing extended or reuse of devices. For instance, facilities may be able to move away from crisis strategies such as the reuse of some PPE based upon their assessment of current supply.

Additional information about PPE optimization strategies and the CDC PPE burn rate calculator can be found at these links:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html

It is also important to note that "respirators with exhalation valves protect the wearer from SARS-CoV-2, the virus that causes COVID-19, but may not prevent the virus spreading from the wearer to others (that is, they may not be effective for source control)." "If only a respirator with an exhalation valve available and source control is needed, cover the exhalation valve with a surgical mask, procedure mask, or a cloth face covering that does not interfere with the respirator fit."

15. List which cleaning and disinfection products are used in the facility (if one product is used to clean and another to disinfect, list both products):

15a. For high touch surfaces in resident rooms: _____

15b. For high touch surfaces in common areas: _____

15c. For shared, non-disposable resident equipment: _____

By having the facility provide this information prior to the assessment, the facilitator can determine if any of the products are on the EPA List N: Disinfectants for Use Against SARS-CoV-2 and determine the listed contact times.

https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19

Notes

Sections 2-7 are intended for a discussion about IPC policies and practices with the facility either remotely or in-person prior to touring the facility. Each section lists the question, answer choices, the recommended IPC practices, and a place to make notes. **Recommendation language in quotations are taken directly from the listed sources.**

16. Currently what is the facility's greatest challenge with SARS-CoV-2 infection prevention and control?

This question may identify areas of concern for the facility and can help the facilitator prioritize the order and amount of time devoted to the below sections.

Section 2. Personal Protective Equipment

17. What PPE **is universally worn or would be worn by HCP** at the facility in the following situations?

17a. If there is **no to minimal** SARS-CoV-2 transmission in the surrounding community, what PPE is worn for the care of residents who are **not** under Transmission-Based Precautions (please select all that apply):

- ☐ Respirators
- ☐ Facemasks
- ☐ Eye Protection
- ☐ Gown
- ☐ Gloves
- ☐ No PPE
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

In areas with no to minimal community transmission, HCP should preferably wear a facemask for source control at all times in healthcare facilities to include when caring for residents not under Transmission-Based Precautions. *Additional PPE may be needed if Transmission-Based Precautions are being used for other circumstances or organisms (e.g., residents with suspected or confirmed SARS-CoV-2 infections, residents quarantined for an unknown SARS-CoV-2 status at admission or following a known SARS-CoV-2 exposure, residents colonized or infected with other pathogens such as Clostridioides difficile).*

"Universal use of a facemask for source control is recommended for HCP."

"HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers.

- **When available, facemasks are preferred over cloth face coverings for HCP** as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
  - » Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is needed."

"HCP should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses."

Definitions:
"**Facemask:** Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays."

"**Cloth face covering:** Textile (cloth) covers that are intended for source control. They are not personal protective equipment (PPE) and it is uncertain whether cloth face coverings protect the wearer."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
https://www.cdc.gov/hicpac/recommendations/core-practices.html
https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html

17b. If there is **moderate to substantial** SARS-CoV-2 transmission in the surrounding community, what PPE is worn for the care of residents who are **not** under Transmission-Based Precautions (please select all that apply):

- ☐ Respirators
- ☐ Facemasks
- ☐ Eye Protection
- ☐ Gown
- ☐ Gloves
- ☐ No PPE
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

In areas with moderate to substantial community transmission, HCP should preferably wear a facemask for source control at all time and eye protection when caring for residents not under Transmission-Based Precautions. *Additional PPE may be needed if Transmission-Based Precautions are being used for other circumstances or organisms (e.g., residents with suspected or confirmed SARS-CoV-2 infections, residents quarantined for an unknown SARS-CoV-2 status at admission or following a known SARS-CoV-2 exposure, residents colonized or infected with other pathogens such as Clostridioides difficile).*

"HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic residents with SARS-CoV-2 infection…; They should:

Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions **during resident care encounters."**

"HCP should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

17c. For the care of residents with confirmed SARS-CoV-2 infection (please select all that apply):

☐ Respirators	☐ Gown	☐ Other, please specify: _____
☐ Facemasks	☐ Gloves	☐ Unknown
☐ Eye Protection	☐ No PPE	☐ Not assessed

HCP should wear N95 or higher-level respirator, eye protection, gown, and gloves for the care of residents with confirmed COVID-19.

"Residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes:

- N95 or higher-level respirator (or facemask if a respirator is not available)
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)
- Gloves
- Gown
- **Cloth face coverings are not considered PPE and should not be worn when PPE is indicated."**

Definition:

"Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

17d. For the care of residents with suspected SARS-CoV-2 infection (e.g., symptoms consistent with COVID-19) (please select all that apply):

☐ Respirators	☐ Gown	☐ Other, please specify: _____
☐ Facemasks	☐ Gloves	☐ Unknown
☐ Eye Protection	☐ No PPE	☐ Not assessed

HCP should wear N95 or higher-level respirator, eye protection, gown, and gloves for the care of residents with suspected COVID-19.

"Residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes:

- N95 or higher-level respirator (or facemask if a respirator is not available)
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)
- Gloves
- Gown
- **Cloth face coverings are not considered PPE and should not be worn when PPE is indicated."**

Source:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

17e. For the care of all residents on a unit, if there are one or more residents or HCP on that unit with new or recent SARS-CoV-2 infection (please select all that apply):

☐ Respirators	☐ Gown	☐ Other, please specify: _____
☐ Facemasks	☐ Gloves	☐ Unknown
☐ Eye Protection	☐ No PPE	☐ Not assessed

HCP should wear N95 or higher-level respirator, eye protection, gown, and gloves for the care of all residents if there are one or more residents or HCP on that unit with new or recent SARS-CoV-2 infection.

"Because of the higher risk of unrecognized infection among residents:

Universal use of all recommended PPE for the care of all residents on the affected unit is recommended when even a single case among residents or HCP is newly identified in the facility.

This could also be considered when there is sustained transmission in the community."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

17f. For the care of all residents in the facility, if there is evidence of new or recent widespread SARS-CoV-2 infections (e.g., multiple affected units) among residents or HCP in the facility (please select all that apply):

- ☐ Respirators
- ☐ Facemasks
- ☐ Eye Protection
- ☐ Gown
- ☐ Gloves
- ☐ No PPE
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

HCP should wear N95 or higher-level respirator, eye protection, gown, and gloves for the care of all residents if there is evidence of new or recent widespread SARS-CoV-2 infections (e.g., multiple affected units) among residents or HCP in the facility.

"Because of the higher risk of unrecognized infection among residents:

Universal use of all recommended PPE for the care of all residents on the affected unit (**or facility-wide depending on the situation)** is recommended when even a single case among residents or HCP is newly identified in the facility.

This could also be considered when there is sustained transmission in the community."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

17g. For the care of newly admitted or readmitted residents who are not known or suspected (e.g., no documented symptoms or exposure) to have SARS-CoV-2 infection for 14 days after admission (please select all that apply):

- ☐ Respirators
- ☐ Facemasks
- ☐ Eye Protection
- ☐ Gown
- ☐ Gloves
- ☐ No PPE
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

HCP should wear N95 or higher-level respirator, eye protection, gown, and gloves for the care of newly admitted or readmitted residents who are not known or suspected to have SARS-CoV-2 infection for 14 days after admission.

"All recommended COVID-19 PPE should be worn during care of residents under observation which includes:

- N95 or higher-level respirator (or facemask if a respirator is not available)
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)
- Gloves
- Gown
- **Cloth face coverings are not considered PPE and should not be worn when PPE is indicated."**

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

17h. For screening individuals entering the building for signs and symptoms of COVID-19 (please select all that apply):

- ☐ Respirators
- ☐ Facemasks
- ☐ Eye Protection
- ☐ Gown
- ☐ Gloves
- ☐ No PPE
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

HCP performing symptom and temperature monitoring of those entering the building should wear a facemask. For HCP working in areas with moderate to substantial community transmission, eye protection should also be worn. In general, if there is no direct contact between screener and the person being screened, then gowns and gloves are not necessary, but hand hygiene should occur between each encounter.

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

17i. For SARS-CoV-2 laboratory specimen collection (please select all that apply):

- ☐ Respirators
- ☐ Facemasks
- ☐ Eye Protection
- ☐ Gown
- ☐ Gloves
- ☐ No PPE
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

HCP should wear N95 or higher-level respirator, eye protection, gown, and gloves for SARS-CoV-2 laboratory specimen collection.

"HCP in the room for specimen collection area should wear:

- An N95 or higher-level respirator (or facemask if a respirator is not available)
- Eye protection.
- A single pair of gloves
- Gown
- Gloves should be changed and hand hygiene performed between each person being swabbed.
- Gowns should be changed when there is more than minimal contact with the person or their environment. The same gown may be worn for swabbing more than one person provided the HCP collecting the test minimizes contact with the person being swabbed. Gowns should be changed if they become soiled. Consider having an observer who does not engage in specimen collection but monitors for breaches in PPE use throughout the specimen collection process.
- HCP who are handling specimens, but are not directly involved in collection (e.g., self-collection) and not working within 6 feet of the individual being tested, should follow Standard Precautions; gloves are recommended, as well as a facemask for source control."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-facility-wide-testing.html
https://www.cdc.gov/coronavirus/2019-ncov/lab/faqs.html

17j. For the care of residents who **are** under Transmission-Based Precautions for SARS-CoV-2 during **potentially aerosol generating procedures**, such as nebulizer treatments or CPAP/BiPAP (please select all that apply):

- ☐ Respirators
- ☐ Facemasks
- ☐ Eye Protection
- ☐ Gown
- ☐ Gloves
- ☐ No PPE
- ☐ Other, please specify: _____
- ☐ No aerosol generating procedures performed
- ☐ Unknown
- ☐ Not assessed

HCP should wear N95 or higher-level respirator, eye protection, gown, and gloves during potentially aerosol generating procedures (AGPs) for residents under Transmission-Based Precautions for SARS-CoV-2.

"The PPE recommended when caring for a resident with suspected or confirmed COVID-19 includes the following:

- N95 or higher-level respirator
  - » **N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol generating procedure**
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)
- Gloves
- Gown"

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-faq.html

17k. If there is **moderate to substantial** SARS-CoV-2 transmission in the surrounding community, what PPE is worn for the care of **any** resident during **potentially aerosol generating procedures**, such as nebulizer treatments or CPAP/BiPAP (please select all that apply)?

- ☐ Respirators
- ☐ Facemasks
- ☐ Eye Protection
- ☐ Gown
- ☐ Gloves
- ☐ No PPE
- ☐ Other, please specify: _____
- ☐ No aerosol generating procedures performed
- ☐ Unknown
- ☐ Not assessed

HCP should wear N95 or higher-level respirator, eye protection, gown, and gloves during potentially aerosol generating procedures (AGPs) for any resident in areas with moderated to substantial community transmission.

"**HCP working in facilities located in areas with moderate to substantial community transmission** are more likely to encounter asymptomatic or pre-symptomatic residents with SARS-CoV-2 infection.
They should also…;

- Wear an N95 or equivalent or higher-level respirator, instead of a facemask, for aerosol generating procedures."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-faq.html

17l. If there is **no to minimal** SARS-CoV-2 transmission in the surrounding community, what PPE is worn for the care of residents who are **not** under Transmission-Based Precautions during **potentially aerosol generating procedures**, such as nebulizer treatments or CPAP/BiPAP (please select all that apply)?

- ☐ Respirators
- ☐ Facemasks
- ☐ Eye Protection
- ☐ Gown
- ☐ Gloves
- ☐ No PPE
- ☐ Other, please specify: _____
- ☐ No aerosol generating procedures performed
- ☐ Unknown
- ☐ Not assessed

All HCP should preferably wear facemasks for universal source control. *Additional PPE may be needed as per Standard Precautions and if Transmission-Based Precautions are being used for other circumstances or organisms (e.g., residents with suspected or confirmed SARS-CoV-2 infections, residents quarantined for an unknown SARS-CoV-2 status at admission or following a known SARS-CoV-2 exposure, residents colonized or infected with other pathogens such as Clostridioides difficile).*

"Universal use of a facemask for source control is recommended for HCP."

"HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers.

- **When available, facemasks are preferred over cloth face coverings for HCP** as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
  - » Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is needed."

"HCP should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

https://www.cdc.gov/hicpac/recommendations/core-practices.html

https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html

Notes

18. Are HCP ever allowed to wear cloth face coverings while at work?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

If YES,

18a. Under what circumstances are HCP allowed to wear cloth face coverings while at work (please select all that apply)?

☐ When not engaged in direct resident care activities (e.g., on break, preparing meals)
☐ Other, please specify: _____
☐ Unknown
☐ Not assessed

"HCP should **wear a facemask** at all times while they are in the healthcare facility, **including in breakrooms or other spaces where they might encounter co-workers.**

When available, **facemasks are preferred over cloth face coverings for HCP** as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.

Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is needed."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

19. From what location(s) do HCP obtain new PPE at the facility (please select all that apply)?

☐ In unlocked carts outside of resident rooms
☐ From an unlocked storage room *on* each care unit
☐ From a locked storage room *on* each care unit
☐ From an unlocked storage room *not on* the care units
☐ From a locked storage room *not on* the care units
☐ Other, please specify: _____
☐ Unknown
☐ Not assessed

"Make necessary PPE available **in areas where resident care is provided**.

- Consider designating staff responsible for stewarding those supplies and monitoring and providing just-in-time feedback promoting appropriate use by staff."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

20. Where is disposable PPE that is free from visible contamination with blood or body fluids discarded at the facility?

◯ Regular trash ◯ Biohazard bags ◯ Unknown ◯ Not assessed

Disposal of PPE is determined by State and Territorial regulations.

OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030, has provisions for the protection of employees during the containment, storage, and transport of regulated waste other than contaminated sharps. The bloodborne pathogens standard defines regulated waste as liquid or semi-liquid blood or other potentially infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM. Regulated wastes require special handling and must be disposed of in a manner to prevent spilling of contents or spreading of infectious materials during handling, storage, transport, or shipping.

Based on the OSHA definition of "regulated waste," much of the PPE used during resident care would not fall into the category of regulated medical waste requiring disposal in a biohazard bag and could be discarded as routine non-infectious waste. However, healthcare facilities and personnel should be mindful of local or state regulations that may be more restrictive than this federal standard.

Source: https://www.osha.gov/laws-regs/standardinterpretations/standardnumber/1910/1910.1030%20-%20Index/result

21. Where do HCP store used PPE during breaks if eating or drinking is anticipated (please select all that apply)?

☐ In a designated storage area away from food and drink
☐ On tables used for eating and drinking
☐ They are wearing the PPE while on breaks
☐ HCP discard of PPE before eating and drinking
☐ Other, please specify: _____
☐ Unknown
☐ Not assessed

If HCP are practicing the extended and/or reuse of PPE as part of contingency and crisis strategies, HCP should not wear PPE, that would have otherwise been disposed of or laundered under conventional strategies, while eating or drinking. For example, HCP should not hang facemasks or respirators from the earlobe or place these devices under the chin or on the forehead. If not discarded, this PPE should be stored in a designated area and not placed directly on tables next to food and drink.

Sources:
https://www.cdc.gov/flu/avianflu/h5/worker-protection-ppe.htm
https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

22. Can the facility describe what extending the use of PPE means?

◯ Yes ◯ No ◯ Not assessed

Extended use is "the practice of wearing the same PPE device for repeated close contact encounters with several different residents, without removing the PPE device between resident encounters." Depending upon the PPE device, it is considered either a **contingency or crisis** capacity PPE optimization strategy.

Source: https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

Definitions:
"**Conventional capacity:** measures consisting of engineering, administrative, and PPE controls that should already be implemented in general infection prevention and control plans in healthcare settings.

Contingency capacity: measures that may be used temporarily during periods of anticipated PPE shortages. Contingency capacity strategies should only be implemented after considering and implementing conventional capacity strategies. While current supply may meet the facility's current or anticipated utilization rate, there may be uncertainty if future supply will be adequate and, therefore, contingency capacity strategies may be needed**.**

Crisis capacity: strategies that are not commensurate with U.S. standards of care but may need to be considered during periods of known PPE shortages. Crisis capacity strategies should only be implemented after considering and implementing conventional and contingency capacity strategies. Facilities can consider crisis capacity strategies when the supply is not able to meet the facility's current or anticipated utilization rate."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/general-optimization-strategies.html

23. Can the facility describe what reusing PPE means?

◯ Yes ◯ No ◯ Not assessed

Reuse refers to "the practice of one HCP using the same PPE device for multiple encounters with a resident but removing it ('doffing') after each encounter." The PPE device "is stored in between encounters to be put on again ('donned') prior to the next encounter with a resident." The limited reuse of PPE devices that are otherwise intended for disposable or laundering after each use is considered a **crisis** capacity strategy.

Sources:
https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html

Note: Most facilities will combine the practices of extended and reuse of PPE meaning they will wear a PPE device such as a facemask for encounters with multiple different residents, but instead of removing the device after each encounter will only remove and store the device at breaks or at the end of a shift. HCP will then redon the used PPE device when returning to work. This practice may or may not be considered acceptable depending upon factors such as the PPE device, current PPE supply, and resident population they are caring for (e.g., caring only for residents with confirmed SARS-CoV-2 infection).

Definitions:
"**Conventional capacity:** measures consisting of engineering, administrative, and PPE controls that should already be implemented in general infection prevention and control plans in healthcare settings.

Contingency capacity: measures that may be used temporarily during periods of anticipated PPE shortages. Contingency capacity strategies should only be implemented after considering and implementing conventional capacity strategies. While current supply may meet the facility's current or anticipated utilization rate, there may be uncertainty if future supply will be adequate and, therefore, contingency capacity strategies may be needed**.**

Crisis capacity: strategies that are not commensurate with U.S. standards of care but may need to be considered during periods of known PPE shortages. Crisis capacity strategies should only be implemented after considering and implementing conventional and contingency capacity strategies. Facilities can consider crisis capacity strategies when the supply is not able to meet the facility's current or anticipated utilization rate."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/general-optimization-strategies.html

Notes

Respirators

24. Are all HCP currently fit tested for the type of respirator they are using?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed ◯ Other, please specify:_____

If YES,

24a. Are HCP medically cleared prior to fit-testing?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Implement a respiratory protection program that is compliant with the OSHA respiratory protection standard for employees if not already in place. The program should include medical evaluations, training, and fit testing."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

https://www.cdc.gov/niosh/docs/2015-117/default.html

Medical Evaluations prior to fit-testing and respirator use are required by the OSHA Respiratory Protection Standard: "1910.134(e)(1) General. The employer shall provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace."

Source: https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=12716&p_table=STANDARDS

24b. Are HCP trained on the use of their respirators?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use. The employer shall include in the program…

Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance."

Source: https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=12716&p_table=STANDARDS

If the facility does not have access to respirators, document what efforts have been made to obtain them here and skip to question 29:

25. Is the facility currently practicing extended use of disposable respirators?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

The extended use of respirators is recommended as part of a **contingency capacity strategy** during expected shortages.

"Extended use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several different residents, without removing the respirator between resident encounters. Extended use is well suited to situations wherein multiple residents with the same infectious disease diagnosis, whose care requires use of a respirator, are cohorted (e.g., housed on the same unit)…When practicing extended use of N95 respirators, the maximum recommended extended use period is 8–12 hours… N95 respirators should be removed (doffed) and discarded before activities such as meals and restroom breaks."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

26. Is the facility currently reusing disposable respirators?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

The reuse of respirators is recommended as part of a **crisis capacity strategy** during known shortages.

"Re-use refers to the practice of using the same N95 respirator by one HCP for multiple encounters with different residents but removing it (i.e. doffing) after each encounter. This practice is often referred to as "limited reuse" because restrictions are in place to limit the number of times the same respirator is reused."

"During limited reuse, the respirator is stored in between encounters to be put on again (donned) prior to the next encounter with a resident."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

If YES,

26a. Does the facility have a method to track the number of times HCP reuse the disposable respirators?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

HCP should track how many times they put on (i.e., don) the same disposable respirator and dispose of it after the suggested number of reuses.

"To reduce the chances of decreased protection caused by a loss of respirator functionality, respiratory protection program managers should consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model(s) used in that facility. If no manufacturer guidance is available, preliminary data suggests limiting the number of reuses to **no more than five uses per device** to ensure an adequate safety margin . . . Healthcare facilities should provide staff clearly written procedures to:

- Follow the manufacturer's user instructions, including conducting a user seal check.
- Follow the employer's maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures.
- Discard any respirator that is obviously damaged or becomes hard to breathe through.
- Pack or store respirators between uses so that they do not become damaged or deformed"

Source: https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

26b. How do HCP store reused disposable respirators (please select all that apply)?

☐ In a breathable container such as a paper bag
☐ Placed in a plastic bag
☐ Other, please specify: _____
☐ Unknown
☐ Not assessed

"Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly."

Source: https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

26c. Where in the facility do HCP store reused disposable respirators (please select all that apply)?

☐ In a designated storage area within the facility
☐ Somewhere in the facility but not in a designated storage area
☐ HCP store them outside the building (e.g., in their cars)
☐ Other, please specify: _____
☐ Unknown
☐ Not assessed

"Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly."

Source: https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

27. When do HCP typically discard of disposable respirators (please select all that apply)?

☐ After each removal (i.e., doffing)
☐ Between 1-5 removals (i.e., doffings)
☐ More than 5 removals (i.e., doffings). **Please specify number:** _____
☐ At the end of one shift
☐ At the end of multiple shifts. **Please specify how many shifts:** _____
☐ If the disposable respirator becomes soiled, damaged, or difficult to breathe through
☐ Other, please specify: _____
☐ Unknown
☐ Not assessed

"It is important to consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model.

If no manufacturer guidance is available, **data suggest limiting the number of reuses to no more than five uses per device** to ensure an adequate safety margin. N95 and other disposable respirators should not be shared by multiple HCP."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

28. Is the facility decontaminating disposable respirators?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

If YES,

28a. How are disposable respirators decontaminated?

"Decontamination is a process to reduce the number of pathogens on used respirators before reusing them. It is used to limit the risk of self-contamination. Decontamination and subsequent reuse of respirators should only be practiced where respirator shortages exist. Decontamination should only be performed on NIOSH-approved Respirators without exhalation valves.

At present, respirators are considered one-time use products, and there are currently no manufacturer-authorized methods for respirator decontamination before reuse. Only respirator manufacturers can reliably provide guidance on how to decontaminate their specific models of respirators. In the absence of manufacturer's recommendations, third parties, such as decontamination companies, safety organizations, or research laboratories, may also provide guidance or procedures on how to decontaminate respirators without impacting their performance."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html

https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html

28b. When are disposable respirators, that are being decontaminated and reused, discarded?

"N95 Filtering Facepiece Respirator (FFR) decontamination will not increase the number of times or hours that an FFR can be worn. Decontamination of an N95 FFR inactivates viruses and bacteria on the device, but does not restore the N95 FFR to "new" performance. Decontamination studies have evaluated the effect of the decontamination process on the fit and filtration performance of N95 FFRs; however, these studies did not consider the likelihood that N95 FFRs worn by healthcare personnel are likely donned and doffed multiple times before undergoing decontamination. N95 FFR performance will decrease as the number of hours and number of donnings and doffings increase. Repeated decontamination and handling of FFRs can damage the fit and filtration performance of N95 FFRs. Fit performance during limited reuse, including decontaminated FFRs, should be monitored by the respiratory protection program manager or appropriate safety personnel."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html)

Notes

Facemasks

29. Is the facility currently practicing extended use of facemasks (e.g., surgical masks, procedure masks)?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different residents, without removing the facemask between resident encounters.

- The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
- HCP must take care not to touch their facemask. If they touch or adjust their facemask, they must immediately perform hand hygiene.
- HCP should leave the resident care area if they need to remove the facemask."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

30. Is the facility currently reusing facemasks (e.g., surgical masks, procedure masks)?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Limited re-use of facemasks is the practice of using the same facemask by one HCP for multiple encounters with different residents but removing it after each encounter. As it is unknown what the potential contribution of contact transmission is for SARS-CoV-2, care should be taken to ensure that HCP do not touch outer surfaces of the mask during care, and that mask removal and replacement be done in a careful and deliberate manner.

- The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
- Not all facemasks can be re-used.
  - » Facemasks that fasten to the provider via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
  - » Facemasks with elastic ear hooks may be more suitable for re-use.
- HCP should leave resident care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

If YES,

30a. How do HCP store reused facemasks (please select all that apply)?

☐ In a breathable container such as a paper bag
☐ Placed in a plastic bag
☐ Other, please specify: _____
☐ Unknown
☐ Not assessed

"HCP should leave resident care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container."

Like reused respirators, reused facemasks should be kept in a designated storage area within the facility.

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

30b. Where in the facility do HCP store reused disposable facemasks (please select all that apply)?

☐ In a designated storage area within the facility
☐ Somewhere in the facility but not in a designated storage area
☐ HCP store them outside the building (e.g., in their cars)
☐ Other, please specify: _____
☐ Unknown
☐ Not assessed

"HCP should leave resident care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container."

Like reused respirators, reused facemasks should be kept in a designated storage area within the facility.

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

31. When do HCP typically discard of facemasks (please select all that apply)?

- ☐ After each removal (i.e., doffing)
- ☐ At the end of one shift
- ☐ At the end of multiple shifts. **Please specify how many shifts**: _____
- ☐ When the facemask becomes soiled, damaged, or hard to breathe through
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"The facemask should be removed and discarded if soiled, damaged, or hard to breathe through." Otherwise the number of times a facemask can be reused is not well-defined. Ideally facilities without facemask shortages would discard the facemask after each removal and not reuse.

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

Notes

Eye Protection

32. What type of eye protection is the facility using (please select all that apply)?

- ☐ Single use, disposable face shield
- ☐ Reusable face shield
- ☐ Goggles
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays."

"Ensure that eye protection is compatible with the respirator so there is not interference with proper positioning of the eye protection or with the fit or seal of the respirator."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

33. Is the facility currently practicing extended use of eye protection?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different residents, without removing eye protection between resident encounters. Extended use of eye protection can be applied to disposable and reusable devices."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html

34. Is the facility currently reusing eye protection?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

Some eye protection is intended for reprocessing and reuse such as goggles and reusable face shields, while some such as single use disposable face shields are not. As part of PPE optimization strategies, facilities may choose to reprocess and reuse disposable eye protection.

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html

If YES,

34a. Do HCP clean and disinfect eye protection immediately after removal?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use unless following protocols for extended use or reuse."

"When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields, consider:

1. While wearing gloves, carefully wipe the *inside, followed by the outside* of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
2. Carefully wipe the *outside* of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
3. Wipe the outside of face shield or goggles with clean water or alcohol to remove residue.
4. Fully dry (air dry or use clean absorbent towels).
5. Remove gloves and perform hand hygiene."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html

34b. Do HCP clean and disinfect eye protection if soiled?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html

34c. Where do HCP store reused eye protection (please select all that apply)?

☐ In a designated storage area within the facility
☐ Somewhere in the facility but not in a designated storage area
☐ HCP store them outside the building (e.g., in their cars)
☐ Other, please specify: _____
☐ Unknown
☐ Not assessed

After cleaning and disinfecting eye protection, HCP should store it in a designated clean area within the facility. It should not be stored in the same breathable containers housing used respirators or facemasks.

34d. Are disposable face shields dedicated to one HCP?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed ◯ Disposable face shields not used in the facility

"If a disposable face shield is reprocessed, it should be dedicated to one HCP."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html

35. When do HCP typically discard of disposable eye protection (please select all that apply)?

☐ After each removal (i.e., doffing)
☐ At the end of each shift
☐ At the end of multiple shifts. **Please specify how many shifts:** _____
☐ When the disposable eye protection is damaged such as when visibility is obscured
☐ Other, please specify: _____
☐ Disposable eye protection is not used in the facility
☐ Unknown
☐ Not assessed

"Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility)."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html

Notes

Gowns

36. What types of gowns are being used (please select all that apply)?

- ☐ Disposable isolation
- ☐ Disposable surgical
- ☐ Launderable
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Several fluid-resistant and impermeable protective clothing options are available in the marketplace for HCP. These include isolation gowns and surgical gowns. When selecting the most appropriate protective clothing, employers should consider all of the available information on recommended protective clothing, including the potential limitations. Nonsterile, disposable resident isolation gowns, which are used for routine resident care in healthcare settings, are appropriate for use by HCP when caring for residents with suspected or confirmed COVID-19. In times of gown shortages, surgical gowns should be prioritized for surgical and other sterile procedures . Current U.S. guidelines do not require use of gowns that conform to any standards. In March 2020, FDA issued an enforcement policy for gowns and other apparel during the COVID-19 pandemic. In May 2020, FDA issued an Emergency Use Authorization regarding the use of certain gowns in healthcare settings.

Reusable (i.e., washable) gowns are typically made of polyester or polyester-cotton fabrics. Gowns made of these fabrics can be safely laundered after each use according to routine procedures and reused.

Laundry operations and personnel may need to be augmented to facilitate additional washing loads and cycles. Systems are established to:

- routinely inspect, maintain (e.g., mend a small hole in a gown, replace missing fastening ties)
- replace reusable gowns when needed (e.g., when they are thin or ripped)
- store laundered gowns in a manner such that they remain clean until use."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html

https://www.cdc.gov/niosh/npptl/topics/protectiveclothing/

https://www.fda.gov/media/136540/download

https://www.fda.gov/media/138326/download

https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html#g6

37. When do HCP typically discard of disposable gowns (please select all that apply)?

- ☐ After each removal (i.e., doffing)
- ☐ At the end of each shift
- ☐ At the end of multiple shifts. **Please specify how many shifts**: _____
- ☐ When the disposable gown becomes damaged or grossly contaminated
- ☐ Facility not using disposable gowns
- ☐ Unknown
- ☐ Not assessed

"If the gown becomes visibly soiled, it must be removed and discarded as per usual practices." Otherwise the frequency of disposal will depend upon current extended and reuse practices. Under conventional gown use strategies, "disposable gowns should be discarded after each use."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

38. When do HCP typically stop using a launderable gown so it may be cleaned (please select all that apply)?

- ☐ After each removal (i.e., doffing)
- ☐ At the end of a shift
- ☐ At the end of multiple shifts. **Please specify how many shifts**: _____
- ☐ When the launderable gown becomes soiled
- ☐ Facility not using launderable gowns
- ☐ Unknown
- ☐ Not assessed

"Any gown that becomes visibly soiled during resident care should be disposed of and cleaned." Otherwise the frequency of laundering will depend upon current extended and reuse practices. Under conventional gown use strategies, "cloth gowns should be laundered after each use."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

39. Are gowns worn by HCP outside of resident rooms?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

If YES,

39a. Under what circumstance are they worn by HCP outside of resident rooms?

"**Isolation gowns should be removed before leaving the resident care area** to prevent possible contamination of the environment outside the resident's room. Isolation gowns should be removed in a manner that prevents contamination of clothing or skin. The outer, "contaminated", side of the gown is turned inward and rolled into a bundle, and then discarded into a designated container for waste or linen to contain contamination."

In some instances, gowns may need to be worn outside the resident room for certain activities as dictated by Standard Precautions.

Sources:
https://www.cdc.gov/infectioncontrol/guidelines/isolation/prevention.html

https://www.cdc.gov/hicpac/recommendations/core-practices.html

40. If the facility is currently experiencing gown shortages, is the facility prioritizing gown use for certain activities?

◯ Yes ◯ Unknown

◯ No ◯ Not assessed

◯ Facility is not experiencing gown shortages

If YES,

40a. Are gowns prioritized for the following activities (please select all that apply)?

☐ High contact resident activities ☐ Unknown

☐ Activities where splashes and sprays are anticipated ☐ Not assessed

☐ Other, please specify: _____

As part of crisis capacity strategies facilities may practice prioritization of gown use.

"Gowns should be prioritized for the following activities:

- During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures
- During the following high-contact resident care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as:
  - » Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care"

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html

41. If the facility is currently experiencing gown shortages, is the facility practicing extended use of gowns?

◯ Yes ◯ Facility is not experiencing gown shortages ◯ Not assessed

◯ No ◯ Unknown

As part of crisis capacity strategies, facilities may practice extended use of gowns.

"Consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same HCP when interacting with more than one resident housed in the same location and known to be infected with the same infectious disease (i.e., COVID-19 residents residing in an isolation cohort.)"

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html

If YES,

41a. What units are currently practicing the extended use of gowns (please select all that apply)?

- ☐ Units for the care of those with confirmed SARS-CoV-2 infections
- ☐ Units for the care of new or readmissions without known SARS-CoV-2 infections
- ☐ Units for care of residents without known or suspected SARS-CoV-2 infections
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Consideration can be made to extend the use of isolation gowns (disposable or reusable) such that the same gown is worn by the same HCP when interacting with more than one resident housed in the same location and known to be infected with the same infectious disease (i.e., COVID-19 residents residing in an isolation cohort). However, this can be considered only if there are no additional co-infectious diagnoses transmitted by contact (such as *Clostridioides difficile*, *Candida auris*) among residents. If the gown becomes visibly soiled, it must be removed and discarded or changed as per usual practices."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

41b. Do HCP wear the same gown for residents known to be co-infected with other organisms for which gown use is also recommended, such as *Clostridioides difficile*?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

"Consideration can be made to extend the use of isolation gowns (disposable or reusable) such that the same gown is worn by the same HCP when interacting with more than one resident housed in the same location and known to be infected with the same infectious disease (i.e., COVID-19 residents residing in an isolation cohort). However, this can be considered only if there are no additional co-infectious diagnoses transmitted by contact (such as *Clostridioides difficile*, *Candida auris*) among residents. If the gown becomes visibly soiled, it must be removed and discarded or changed as per usual practices."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

42. If the facility is currently experiencing gown shortages, is the facility reusing gowns?

- ◯ Yes
- ◯ No
- ◯ Facility is not experiencing gown shortages
- ◯ Unknown
- ◯ Not assessed

If YES,

42a. What type of gowns is the facility reusing (please select all that apply)?

- ☐ Launderable
- ☐ Disposable
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

As part of crisis capacity strategies, facilities may practice reuse of gowns; however, this is not considered a preferred optimization strategy.

Note: Cloth gowns that are laundered after each use is NOT considered a reused gown in this context.

"The risks to HCP and resident safety must be carefully considered before implementing a gown reuse strategy. Disposable gowns generally should NOT be re-used, and reusable gowns should NOT be reused before laundering, because reuse poses risks for possible transmission among HCP and residents that likely outweigh any potential benefits. Similar to extended gown use, gown reuse has the potential to facilitate transmission of organisms (e.g., C. auris) among residents. However, unlike extended use, repeatedly donning and doffing a contaminated gown may increase risk for HCP self-contamination. If reuse is considered, gowns should be dedicated to care of individual residents. Any gown that becomes visibly soiled during resident care should be disposed of or, if reusable, laundered."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html

42b. Where is the facility storing reused gowns (please select all that apply)?

- ☐ In individual resident rooms
- ☐ In a designated storage area
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

Facilities that are not experiencing severe gown shortages should not reuse gowns. If facilities must practice gown reuse due to severe shortages, they should use launderable gowns and consider storage areas that limit both HCP and resident exposure to used gowns that have not been laundered (e.g., not hanging in hallways) and prevent further contamination to the gown (e.g., not hanging directly next to a resident bed or in bathrooms). There should be a clear delineation of when launderable gowns are sent for cleaning.

42c. How is the facility storing reused gowns (please select all that apply)?

- ☐ On hooks
- ☐ In bags without other PPE
- ☐ In bags with other PPE
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

Facilities that are not experiencing severe gown shortages should not reuse gowns. If facilities must practice gown reuse due to severe shortages, they should use launderable gowns. Gowns that are being reused prior to laundering should be stored in a manner that does not contaminate the environment. They should be hung with surfaces that have been exposed to the resident turned inward. HCP should handle these gowns deliberately and with caution. Reused gowns should not be stored with other reused PPE such as in containers also storing respirators or facemasks

42d. Do HCP wear the same reused gown to care for more than one resident?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"If reuse is considered, gowns should be dedicated to the care of individual residents."

In addition, gowns intended for reuse should be dedicated to individual HCP (i.e., one gown per resident and per HCP).

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html

42e. Do more than one HCP wear the same reused gown for the care of the same resident?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"If reuse is considered, gowns should be dedicated to the care of individual residents."

In addition, gowns intended for reuse should be dedicated to individual HCP (i.e., one gown per resident and per HCP).

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html

42f. Does the facility decontaminate disposable gowns?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

Facilities should not attempt to decontaminate disposable gowns.

Notes

Gloves

43. Are gloves changed between the care of different residents?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

- "Gloves are not a substitute for hand hygiene.
  - » If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the resident or the resident environment.
  - » Perform hand hygiene immediately after removing gloves.
- Change gloves and perform hand hygiene during resident care, if
  - » gloves become damaged,
  - » gloves become visibly soiled with blood or body fluids following a task,
  - » moving from work on a soiled body site to a clean body site on the same resident or if another clinical indication for hand hygiene occurs.
- Never wear the same pair of gloves in the care of more than one resident.
- Carefully remove gloves to prevent hand contamination."

Source: https://www.cdc.gov/handhygiene/providers/index.html

44. Are gloves being worn by HCP outside of resident rooms?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Remove all PPE before exiting the resident room except a respirator, if worn."
Source: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

If YES,

44a. Under what circumstance are they being worn by HCP outside of resident rooms?

_____

In some instances, gloves may need to be worn outside the resident room for certain activities as dictated by Standard Precautions.
Source: https://www.cdc.gov/hicpac/recommendations/core-practices.html

Notes

Section 3: Hand Hygiene

45. Does the facility encourage the use of alcohol-based hand sanitizer in most clinical situations unless the hands are visibly soiled?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Unless hands are visibly soiled, an alcohol-based hand sanitizer (ABHS) is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water."

"ABHS effectively reduces the number of pathogens that may be present on the hands of healthcare providers after brief interactions with residents or the care environment."

Sources:
https://www.cdc.gov/hicpac/recommendations/core-practices.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html

46. Does the alcohol-based hand sanitizer product contain at least 60% alcohol?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"CDC recommends ABHS with 60-95% alcohol in healthcare settings. Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water."

"CDC does not have a recommended alternative to ABHS."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html

47. Does the facility have alcohol-based hand sanitizer inside of each resident room?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

If YES,

47a. Where in the room is the alcohol-based hand sanitizer located (please select all that apply)?

☐ By the door
☐ At the head of each bed
☐ In the bathroom
☐ Other, please specify: _____
☐ Unknown
☐ Not assessed

If NO,

47b. Why doesn't the facility have alcohol-based hand sanitizer in each room (please select all that apply)?

☐ They have been told they can't have it in resident rooms.
☐ They didn't know they should put it in resident rooms.
☐ They can't afford it.
☐ They can't acquire it due to current shortage.
☐ Other, please specify: _____
☐ Unknown
☐ Not assessed

Inability to access hand sanitizer immediately prior to entering a resident room and immediately during and following care activities places residents and HCP at high risk of acquiring a variety of illnesses including COVID-19.

ABHS access may be increased by adding wall mounted dispensers at the entrance to each room and inside all the resident rooms or by providing HCP with individual pocket-sized containers of ABHS that they can keep with them.

48. Does the facility have alcohol-based hand sanitizer in hallways containing resident rooms?

◯ Yes, outside each resident room
◯ Yes, in multiple locations in the hallway but not outside each room
◯ Other, please specify: _____
◯ No
◯ Unknown
◯ Not assessed

Inability to access hand sanitizer immediately prior to entering a resident room and immediately during and following care activities places residents and HCP at high risk of acquiring a variety of illnesses including COVID-19.

ABHS access may be increased by adding wall mounted dispensers at the entrance to each room and inside all the resident rooms or by providing HCP with individual pocket-sized containers of ABHS that they can keep with them.

49. Where else does the facility have alcohol-based hand sanitizer located (please select all that apply)?

- ☐ Facility entrances
- ☐ Temperature/symptom screening stations
- ☐ Nursing stations
- ☐ Nursing carts
- ☐ Breakrooms
- ☐ Near HCP clocking in/clocking out stations
- ☐ Dining rooms
- ☐ Using pocket sized dispensers
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

It is important to make sure that hand hygiene is performed at the appropriate times before and after touching a resident, between residents and frequently during care. Placing wall mounted dispensers within the workflow of personnel can help them do hand hygiene at the right times. Resources to improve hand hygiene are located on the Clean Hands Count website, along with the current guidance and frequently asked questions from CDC.

For facilities using individual pocket-sized dispensers:
Individual pocket-sized dispensers may be an alternative to wall mounted dispensers. Instructions for appropriate use of individual pocket-sized dispensers for personnel are available on the Clean Hands Count promotional materials website. These dispensers must remain with the healthcare personnel and resident access to these dispensers should be supervised. Consider conducting brief and regular audits to make sure healthcare personnel keep their pocket-sized dispensers with them.

Sources:

https://www.cdc.gov/patientsafety/features/clean-hands-count.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html

50. Where are sinks located for HCP handwashing before and after resident care (please select all that apply)?

- ☐ In the hallways with resident rooms
- ☐ At nurses' stations
- ☐ In resident bathrooms
- ☐ In resident rooms, not in the bathroom
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Ensure that healthcare personnel perform hand hygiene with soap and water when hands are visibly soiled. Ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where resident care is being delivered."

CDC has created a video, "Clean Hands: Combat COVID-19" that can be used to teach frontline long-term care personnel about the importance of hand hygiene.

Sources:

https://www.cdc.gov/hicpac/recommendations/core-practices.html

https://www.youtube.com/watch?v=xmYMUly7qiE

Notes

Section 4: Environmental Services

51. Can a facility representative explain the meaning of a disinfectant contact time?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

52. Does the facility representative know the facility's disinfectant product(s) contact time?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

All EPA-registered, hospital-grade disinfectants list a contact time in the directions. A contact time is how long a surface should remain wet to ensure the product is effective.

Disinfectants must be used according to the label instructions. Some products have long contact times as long as 10 minutes which can be difficult to accomplish. It is important for facilities to know that their product is appropriate (e.g., on the EPA's List N) and is being used for the entire contact time. Everyone who cleans surfaces should know how long the surfaces should stay wet for the disinfectant to work.

Source: https://www.epa.gov/sites/production/files/2020-04/documents/disinfectants-onepager.pdf

53. Does the facility use disinfecting agents such as liquid bleach that require a pre-cleaning step?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

Some disinfectant agents such as liquid bleach require a cleaning step prior to use in order to remove "foreign material (e.g., soil, and organic material)." This is considered a two-step process.

A one-step product allows personnel to clean and disinfect at the same time. Generally, one-step processes are easier for personnel to follow. Facilities should check their product label to determine if their disinfectant agent is a one or two-step agent.

Sources:
https://www.cdc.gov/infectioncontrol/guidelines/disinfection/cleaning.html

https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html

54. Do any of the facility's cleaning or disinfecting agents require additional preparation prior to use (i.e., mixing with other chemicals, diluting with water)?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

If YES,

54a. Which agents require preparation prior to use?

"OSHA's Hazard Communication standard (29 CFR 1910.1200) is designed to ensure that information about these hazards and associated protective measures is communicated to workers. Worker training must be provided if the cleaning chemicals are hazardous. This training must be provided BEFORE the worker begins using the cleaner. Required training under the OSHA Hazard Communication standard includes:

- Health and physical hazards of the cleaning chemicals;
- Proper handling, use and storage of all cleaning chemicals being used, including dilution procedures when a cleaning product must be diluted before use;
- Proper procedures to follow when a spill occurs;
- Personal protective equipment required for using the cleaning product, such as gloves, safety goggles and respirators; and
- How to obtain and use hazard information, including an explanation of labels and SDSs."

Source: https://www.osha.gov/Publications/OSHA3512.pdf

54b. Who is preparing these agents (please select all that apply)?

☐ EVS Supervisor ☐ Other, please specify: _____ ☐ Unknown

☐ Individual EVS staff ☐ Not assessed

Preparation of cleaning chemicals is an important part of using disinfectants appropriately. Competency-based training with return demonstrations should be provided for all personnel that are given the responsibility to prepare cleaning chemicals. Preparing solutions according to the label instruction ensures that the disinfectant will work as intended.

54c. Does the EVS staff wear the recommended PPE for agent preparation?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

All EVS staff should be trained with return demonstrations on which PPE to use for preparing and using the facility's cleaning or disinfecting agents. Audits to ensure compliance with the expected PPE use should be conducted following the training.

54d. Are each of the agents prepared according to the product label?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

A common disinfectant used in nursing homes that requires additional preparation is liquid bleach which must be appropriately diluted in water prior to use. Bleach should be diluted per the label instructions. CDC also provides additional information about bleach use in healthcare facilities at the provided link.

Source: https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/make-chlorine-solution.html

54e. How long does the facility store agents that require preparation?

◯ 24 hours ◯ More than 24 hours ◯ Not assessed

◯ Less than 24 hours ◯ Unknown

"Prepare cleaning solutions daily or as needed and replace with fresh solution frequently according to facility policies and procedures."

Disinfectants used in buckets can become contaminated and should not be returned to storage areas after use in clinical areas. Ready-to-use disinfectants, stored in their original containers should be stored securely according to all Life Safety standards.

Source: https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html

55. How often are high touch surfaces in resident rooms cleaned and disinfected?

◯ Daily ◯ Less than daily ◯ Not assessed

◯ More than daily ◯ Unknown

Frequent and thorough cleaning of environmental surfaces is a core infection prevention activity. "Clean and disinfect surfaces in close proximity to the resident and frequently touched surfaces in the resident care environment on a more frequent schedule compared to other surfaces." Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.

Source: https://www.cdc.gov/hicpac/recommendations/core-practices.html

56. How often are high touch surfaces in common areas (e.g., nursing stations, hallway rails) cleaned and disinfected?

◯ Daily ◯ Less than daily ◯ Not assessed

◯ More than daily ◯ Unknown

"Environmental Cleaning and Disinfection:

- Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas;
- Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment."

Source:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

57. How often are shared, non-disposable equipment cleaned and disinfected?

◯ After each resident ◯ Unknown

◯ Other, please specify: _____ ◯ Not assessed

"Clean and reprocess (disinfect or sterilize) reusable medical equipment (e.g., blood glucose meters and other point-of-care devices, blood pressure cuffs, oximeter probes, surgical instruments, endoscopes) prior to use on another resident and when soiled.

a. Consult and adhere to manufacturers' instructions for reprocessing."

Source: https://www.cdc.gov/hicpac/recommendations/core-practices.html

Notes

Section 5. General Infection Prevention and Control (IPC) Policies

58. Does the facility have at least one individual with training in infection control who provides on-site management of the IPC program?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Facilities should assign one or more individuals with training in infection control to provide on-site management of the IPC program."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

If YES,

58a. What type of IPC training has the individual received (please select all that apply)?

☐ CDC Nursing Home Infection Preventionist Training Course
☐ Corporate training program
☐ State or local health department led trainings
☐ Certification in Infection Control (CIC)
☐ Other, please specify: _____
☐ Unknown
☐ Not assessed

Individuals responsible for a facility's infection prevention and control program should have a knowledge base to create and support an "IPC program that can prevent, identify, report, investigate, and control infections and communicable disease for residents and healthcare personnel. CDC has created an online training course that can be used to orient individuals to the Infection Preventionist role in nursing homes."

Sources:
https://www.train.org/cdctrain/training_plan/3814
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-10-NH.pdf

58b. Besides IPC, what other current job duties does this individual have (please select all that apply)?

☐ Director of nursing
☐ Assistant director of nursing
☐ Direct resident care
☐ Wound care
☐ Other, please specify: _____
☐ No additional duties
☐ Unknown
☐ Not assessed

"The Infection Preventionist position should be a full-time role for at least one person in facilities that have more than 100 residents or that provide on-site ventilator or hemodialysis services. Smaller facilities should consider staffing the IPC program based on the resident population and facility service needs identified in the facility risk assessment."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

59. Approximately what percentage of HCP receive the annual influenza vaccine each year?

◯ Greater than 90% ◯ Between 50-90% ◯ Less than 50% ◯ Unknown ◯ Not assessed

"In the 2018-19 season vaccination coverage (97.7%) was highest among HCP working in settings where vaccination **was required**."

Source: https://www.cdc.gov/flu/fluvaxview/hcp-coverage_1819estimates.htm

60. Does the facility provide the annual influenza vaccine at no cost to HCP?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Among HCP whose employers did not have a requirement for vaccination, coverage was higher among those who worked in locations where vaccination was available at the worksite at no cost for >1 day (83.2%) than among those with vaccination available for 1 day only (75.6%) or among those who worked in locations where their employer did not provide influenza vaccination on-site at no cost but actively promoted vaccination through other mechanisms (75.6%)."

Source: https://www.cdc.gov/flu/fluvaxview/hcp-coverage_1819estimates.htm

61. Approximately what percentage of facility residents receive the annual influenza vaccine each year?

◯ Greater than 90% ◯ Between 50-90% ◯ Less than 50% ◯ Unknown ◯ Not assessed

"Since October 2005, the Centers for Medicare and Medicaid Services (CMS) has required nursing homes participating in Medicare and Medicaid programs to offer all residents influenza and pneumococcal vaccines and to document the results. According to requirements, each resident is to be vaccinated unless contraindicated medically, the resident or legal representative refuses vaccination, or the vaccine is not available because of shortage.

In the majority of seasons, influenza vaccines will become available to long-term care facilities beginning in September, and influenza vaccination should be offered by the end of October. Informed consent is required to implement a standing order for vaccination, but this does not necessarily mean a signed consent must be present. Although vaccination by the end of October is recommended, influenza vaccine administered in December or later, even if influenza activity has already begun, is likely to be beneficial in the majority of influenza seasons because the duration of the season is variable, and influenza activity might not occur in certain communities until February or March.

In the event that a new patient or resident is admitted after the influenza vaccination program has concluded in the facility, the benefits of vaccination should be discussed, educational materials should be provided, and an opportunity for vaccination should be offered to the new resident as soon as possible after admission to the facility."

Sources:
https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

Notes

62. Is the facility actively screening everyone entering the building for signs and symptoms of COVID-19?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Screen visitors for fever (T≥100.0F), symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility."

"Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

If YES, have the facility describe the screening process:

62a. The responsibility for screening is assigned to designated HCP.

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

Designated HCP who have been trained in this process to include the use of the thermometers, management procedures for anyone detected with symptoms, appropriate cleaning and disinfection of the area, and monitoring screening area PPE stock and hand hygiene supplies can ensure consistent implementation of these practices.

62b. Temperatures taken of persons at entry

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Actively take their temperature and document absence of symptoms consistent with COVID-19."

"Obtaining reliable temperature readings is affected by multiple factors, including:

- The ambient environment in which the temperature is measured: If the environment is extremely hot or cold, body temperature readings may be affected, regardless of the temperature-taking device that is used.
- Proper calibration of the thermometers per manufacturer standards: Improper calibration can lead to incorrect temperature readings.
- Proper usage and reading of the thermometers: Non-contact infrared thermometers frequently used for health screening must be held at an established distance from the temporal artery in the forehead to take the temperature correctly. Holding the device too far from or too close to the temporal artery affects the reading."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

62c. Fever defined as 100.0 degrees F or higher

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Fever is either measured temperature ≥100.0°F or subjective fever."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

62d. List type of thermometer used (please select all that apply):

☐ No touch ☐ Other, please specify: _____

☐ Oral ☐ Unknown

☐ Ear/Tympanic ☐ Not assessed

CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel does not recommend one particular type of thermometer for the screening process. If oral or ear/tympanic thermometers are utilized, new probe covers should be used for each person, and the device should be cleaned and disinfected after each use per the manufacturer's recommendations. If no recommendations can be found, CDC disinfection guidelines recommend the use of ethyl or isopropyl alcohol (70-90%). Although a no touch thermometer should not contact the individual being screened, it should still be cleaned and disinfected on a regular basis to include if visibly soiled, if it makes contact with the individual being screened, and at least at the beginning and end of each screening shift.

Source: https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines-H.pdf

62e. The facility ensures all persons entering the building are practicing source control with the use of facemasks or cloth face coverings.

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

62f. List which screening questions are asked (please select all that apply):

- ☐ Chills
- ☐ New or worsening cough
- ☐ Shortness of breath
- ☐ Muscle aches
- ☐ New onset loss of taste or smell
- ☐ Fatigue
- ☐ Headache
- ☐ Sore throat
- ☐ Runny nose
- ☐ GI symptoms such as nausea, vomiting, diarrhea
- ☐ If self-quarantine has been advised due to exposure to someone with SARS-CoV-2 infection
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.** People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

62g. The screening process is the same for HCP and visitors, including vendors or contractors.

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Screen visitors for fever (T≥100.0F), symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility."

"Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

62h. The facility can describe how they would manage anyone detected with symptoms or who has been advised to self-quarantine as part of the screening process.

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Properly manage anyone with suspected or confirmed SARS-CoV-2 infection or who has had contact with someone with suspected or confirmed SARS-CoV-2 infection." For example, ill individuals would not be allowed to enter the building, and procedures should be put in place to determine what further evaluation is needed.

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

63. When would the facility allow HCP with **symptomatic** SARS-CoV-2 infection to return to work (please select all that apply)?

☐ For HCP with **mild to moderate illness** and are **not severely immunocompromised**:
- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

☐ For HCP with **severe to critical illness** or who **are severely immunocompromised**:
- At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

☐ Using a test-based strategy

☐ Other, please specify: _____

☐ Unknown

☐ Not assessed

"Decisions about return to work for HCP with SARS-CoV-2 infection should be made in the context of local circumstances. In general, a symptom-based strategy should be used. A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in excluding from work HCP who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

Symptom-based strategy for determining when Symptomatic HCP can return to work.

HCP with mild to moderate illness who are not severely immunocompromised:
- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

HCP with severe to critical illness or who are severely immunocompromised:
- At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

Test-Based Strategy for Determining when Symptomatic HCP Can Return to Work.

In some instances, a test-based strategy could be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. A test-based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days.

The criteria for the test-based strategy are:

HCP who are symptomatic:
- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in symptoms (e.g., cough, shortness of breath), **and**
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

Definitions:

Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO2) ≥94% on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for residents with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

Severely Immunocompromised: Some conditions, such as being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and require actions such as lengthening the duration of HCP work restrictions. Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions. Ultimately, the degree of immunocompromise for HCP is determined by the treating provider, and preventive actions are tailored to each individual and situation."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html

https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html

64. When would the facility allow HCP with **asymptomatic** SARS-CoV-2 infection to return to work (please select all that apply)?

- ☐ HCP who are **not severely immunocompromised** and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.
- ☐ HCP who are **severely immunocompromised** but who were **asymptomatic** throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.
- ☐ Using a test-based strategy
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Decisions about return to work for HCP with SARS-CoV-2 infection should be made in the context of local circumstances. In general, a test-based strategy is no longer recommended, because, in the majority of cases, it results in excluding from work HCP who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

HCP who are **not severely immunocompromised** and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

HCP who are **severely immunocompromised** but who were **asymptomatic** throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

The criteria for the test-based strategy are:

HCP who are asymptomatic:

- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

Definition:

Severely Immunocompromised: Some conditions, such as being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and require actions such as lengthening the duration of HCP work restrictions. Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions. Ultimately, the degree of immunocompromise for HCP is determined by the treating provider, and preventive actions are tailored to each individual and situation."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html

https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html

Notes

65. Have all HCP recently demonstrated competency in:

65a. Hand hygiene with alcohol-based hand sanitizer

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

65b. Hand hygiene with soap and water

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

65c. Selecting the correct PPE for the anticipated task (e.g., using all recommended PPE for the care of residents with SARS-Cov-2 infection)

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

65d. Donning and doffing PPE

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

65e. Use of cleaning and disinfection products for resident rooms for all HCP with cleaning responsibility such as EVS, nursing aides, etc.

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

65f. Use of cleaning and disinfection products for resident equipment for all HCP with cleaning responsibility such as EVS, nursing aides, etc. (e.g., vital signs equipment)

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

A competency assessment (i.e., a return demonstration) is defined as a process of ensuring that HCP demonstrate the minimum knowledge and skill needed to safely perform a task according to facility standards and policies. This maybe done through direct observations by trained observers of personnel performing a simulated or an actual procedure.

At a minimum all HCP to include groups such as contractors, vendors, environmental service staff (i.e., housekeeping) should be asked to demonstrate competency in several IPC practices at hire and annually. In addition, considering the current pandemic, all facilities should have conducted at least one additional competency assessment for all HCP.

Hand hygiene competency demonstrations should include how to use both soap and water and alcohol-based hand sanitizer, but in addition, HCP should be able to differentiate when to use each and when they should perform hand hygiene. An example hand hygiene competency form can found here: https://spice.unc.edu/wp-content/uploads/2017/03/Hand-Hygiene-Competency-SPICE.pdf

Considering PPE shortages and the possible need for contingency and crisis PPE use measure, the routine demonstration of knowledge regrading PPE selection for the anticipated task and the expected donning and doffing techniques is needed. All HCP require reeducation and competency demonstrations anytime there are changes in the type of PPE device or the way current PPE devices are being used (e.g., the reuse of respirators). **In addition, as PPE availability returns to normal, healthcare facilities should promptly resume standard practices.**

An example PPE competency form can be found here: https://spice.unc.edu/wp-content/uploads/2017/03/PPE-Competency-SPICE.pdf

Remember this form may require modification depending upon current PPE optimization strategies (e.g., a facemask may not be disposed of after exiting room and instead worn in an extended manner).

All HCP with cleaning and disinfection responsibilities should demonstrate competency in using the facility's products for cleaning high touch surfaces both in and outside of resident rooms and of non-disposable equipment. These HCP should understand concepts such as product preparation steps (e.g., the need for product dilution), contact time, and what product is needed for the anticipated task. HCP should also understand how often these surfaces and equipment should be cleaned and who is responsible for the cleaning and disinfection of each item (e.g., nursing staff clean and disinfect their medicine carts but EVS cleans the countertops in the nursing station).

66. Does the facility audit (i.e., observe and document) HCP compliance with the following IPC practices?

66a. Hand Hygiene

○ Yes ○ No ○ Unknown ○ Not assessed

66b. Selection of the correct PPE for the anticipated task (e.g., using all recommended PPE for the care of residents with SARS-CoV-2 infection)

○ Yes ○ No ○ Unknown ○ Not assessed

66c. PPE donning and doffing

○ Yes ○ No ○ Unknown ○ Not assessed

66d. Cleaning and disinfection of resident rooms

○ Yes ○ No ○ Unknown ○ Not assessed

66e. Cleaning and disinfection of resident equipment (e.g., vital signs equipment)

○ Yes ○ No ○ Unknown ○ Not assessed

Auditing is defined as monitoring (typically by direct observation) and documenting HCP adherence to facility policies.

The auditing of hand hygiene practices and PPE use typically occurs via the direct observation of healthcare personnel practices to ensure adherence to expected technique and timing. Some facilities will conduct audits through covert observations often called the "secret shopper" method where healthcare personnel are observed without their knowledge to determine adherence to hand hygiene practices and PPE use. These observations are then recorded, summarized with the calculation of adherence rates, and shared with healthcare personnel. Changes in adherence can be monitored over time. (https://www.cdc.gov/infectioncontrol/pdf/strive/HH102-508.pdf)

Multiple options (https://www.cdc.gov/hai/toolkits/appendices-evaluating-environ-cleaning.html) exist for auditing the cleaning and disinfection of environmental surfaces and resident care equipment. Auditing may occur though the direct observation of housekeeping performing the cleaning/disinfection process. Additionally, other tools such as the use of fluorescent markers (most clear laundry detergent with optical brightening agents will fluoresce under a black light) can be an inexpensive way to evaluate the cleaning process.

67. How is social distancing being enforced among HCP (please select all that apply)?

☐ Breaks are scheduled

☐ Seating in breakrooms or meeting rooms is limited to allow for social distancing

☐ Audits of breakrooms to ensure compliance

☐ Other, please specify: _____

☐ Unknown

☐ Not assessed

"Remind HCP to practice social distancing and wear a facemask (for source control) when in break rooms or common areas."

"Maintain physical distance as much as possible:

- Use video conferencing and increase workstation spacing.
- Reduce the number of individuals allowed in common areas such as breakrooms and on elevators."

Routine auditing of social distancing practices in breakrooms, nursing stations, smoking areas can help ensure HCP are adhering to facility policies.

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html

Notes

68. Is visitation beyond compassionate care situations currently being allowed?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

If YES,

68a. Are visits scheduled?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

68b. Is there a limit on how many visitors are allowed for each resident at one time?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

68c. Is social distancing maintained between all visitors and residents?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

68d. Is the visit location restricted to a designated location (e.g., resident room, outside)?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

68e. Are visitors asked to inform the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Permit visitation only during select hours and limit the number of visitors per resident (e.g., no more than 2 visitors at one time).

Schedule visitation in advance to enable continued social distancing.

Restrict visitation to the resident's room or another designated location at the facility (e.g., outside).

Ask visitors to inform the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

69. Is communal dining allowed beyond those requiring feeding assistance?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

If YES,

69a. Are residents requiring Transmission-Based Precautions (e.g., currently isolated for suspected or confirmed SARS-CoV-2 infection) excluded from communal dining?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

69b. Are quarantined residents (e.g., new admissions, SARS-CoV-2 exposed residents) excluded from communal dining?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

69c. Is social distancing maintained while dining?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Considerations when restrictions are being relaxed include:

Allowing communal dining and group activities for residents without COVID-19, including those who have fully recovered while maintaining social distancing, source control measures, and limiting the numbers of residents who participate."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

Notes

70. Are non-essential personnel (e.g., barbers) allowed entry to the facility?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

If YES,

70a. Are they required to wear masks while in the facility?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

70b. Are they required to demonstrate competency in performing hand hygiene, at least annually?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

70c. If PPE is used, are they required to demonstrate competency in PPE donning and doffing, at least annually?

◯ Yes ◯ Unknown

◯ No ◯ Not assessed

◯ They are not required to use PPE

HCP are defined as: "all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to residents or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air."

As such, all HCP should demonstrate competency with standard IPC practices that are relevant to their duties.

"Reinforce adherence to standard IPC measures including hand hygiene and selection and correct use of personal protective equipment (PPE). Have HCP demonstrate competency with putting on and removing PPE and monitor adherence by observing their resident care activities."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

Notes

Section 6. Resident-related Infection Prevention and Control Policies

71. When are residents encouraged to wear a cloth face covering or facemask (please select all that apply)?

- ☐ When they leave their room
- ☐ When HCP enter their room
- ☐ When visitors enter their room
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. Cloth face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance."

"Residents may remove their cloth face covering when in their rooms but should put it back on when around others (e.g., when visitors enter their room) or leaving their room."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

72. Ask the facility to describe how **asymptomatic residents** are monitored for signs and symptoms of COVID-19:

72a. Monitored at least daily

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Actively monitor all residents upon admission and at least daily."

"If cases are occurring within a facility, consider increasing monitoring of asymptomatic residents from daily to every shift to more rapidly detect any residents with new symptoms."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

72b. Temperatures are measured

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Actively monitor all residents upon admission and at least daily for fever (T≥100.0ºF)."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

72c. The facility defines fever by (please select all that apply):

- ☐ Oral temperature of 100.0 degrees F or higher
- ☐ Repeated oral temperature of greater than 99.0 degrees F
- ☐ Single temperature greater than 2 degrees F over baseline from any site
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not Assessed

"CDC defines fever in the healthcare setting as a measured temperature of 100.0°F (37.8°C) or higher."

"The McGreer Criteria for Long Term Care Surveillance defines fevers as:

1. A single oral temperature greater than37.8°C (100°F) or
2. Repeated oral temperatures greater than 37.2°C (99°F) or rectal temperatures greater than 37.5°C (99.5°F) or
3. A single temperature greater than 1.1°C (2°F) over baseline from any site."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

https://www.infectioncontrolct.org/uploads/2/6/2/4/26245608/nh-hac_mcgreercriteriarevcomp_2012.pdf

72d. The following signs and symptoms are assessed (please select all that apply):

- ☐ Chills
- ☐ New or worsening shortness of breath
- ☐ New or worsening cough
- ☐ Muscle aches
- ☐ New onset loss of taste or smell
- ☐ New or worsening malaise
- ☐ New or worsening dizziness
- ☐ Fatigue
- ☐ Runny nose
- ☐ Sore throat
- ☐ Headache
- ☐ GI symptoms such as nausea, vomiting, diarrhea
- ☐ Oxygen saturation measured via pulse oximetry
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Actively monitor all residents upon admission and at least daily for fever (T≥100.0°F) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry.

Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell."

"People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.** People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

73. How often are residents with **suspected or confirmed** SARS-CoV-2 infection monitored for signs and symptoms of severe illness?

- ◯ Less than three times a day
- ◯ Three times a day
- ◯ More than three times a day
- ◯ Unknown
- ◯ Not assessed

"Increase monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to **at least 3 times daily** to identify and quickly manage serious infections."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

74. Describe **where** a resident with confirmed SARS-CoV-2 infection would be roomed (please select all that apply):

- ☐ In a designated area for residents with confirmed SARS-CoV-2 infections
- ☐ Not in a designated area for residents with confirmed SARS-CoV-2 infections, please specify where: _____
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Identify space in the facility that could be dedicated to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19."

"Determine the location of the COVID-19 care unit and create a staffing plan before residents or HCP with COVID-19 are identified in the facility."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

75. Describe **with whom** a resident with confirmed SARS-CoV-2 infection would be roomed (please select all that apply):

- ☐ Without roommates
- ☐ With roommate(s) with confirmed SARS-CoV-2 infection
- ☐ With roommate(s) without confirmed SARS-CoV-2 infection
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"If private rooms are not available on the COVID-19 care unit, residents with SARS-CoV-2 infection may room together unless they are co-infected with another organism (e.g., *Clostriodies difficile*)."

"Only residents with the same respiratory pathogen may be housed in the same room. For example, a resident with COVID-19 should ideally not be housed in the same room as a resident with an undiagnosed respiratory infection or a respiratory infection caused by a different pathogen."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

76. Does the facility **currently have or plan to have** a designated COVID-19 care unit for residents with confirmed SARS-CoV-2 infections?

- ◯ Yes
- ◯ No (**If no, please skip to 77)**
- ◯ Unknown
- ◯ Not assessed

If YES,

76a. Area is physically separated from rooms with residents not known to be infected.

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Ideally the unit should be physically separated from other rooms or units housing residents without confirmed COVID-19. Depending on facility capacity (e.g., staffing, supplies) to care for affected residents, the COVID-19 care unit could be a separate floor, wing, or cluster of rooms."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

76b. Dedicated HCP care for SARS-CoV-2 infected residents.

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Assign dedicated HCP to work only on the COVID-19 care unit. At a minimum this should include the primary nursing assistants (NAs) and nurses assigned to care for these residents. To the extent possible, restrict access of ancillary personnel (e.g., dietary) to the unit."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

76c. EVS staff (i.e., housekeepers) are dedicated to clean rooms of SARS-CoV-2 infected residents.

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Assign environmental services [EVS] staff to work only on the unit.

- If there are not a sufficient number of EVS staff to dedicate to this unit despite efforts to mitigate staffing shortages, restrict their access to the unit. Also, assign HCP dedicated to the COVID-19 care unit (e.g., NAs) to perform cleaning and disinfection of high-touch surfaces and shared equipment when in the room for resident care activities."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

76d. HCP that staff this area have their own breakroom.

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"HCP working on the COVID-19 care unit should ideally have a restroom, break room, and work area that are separate from HCP working in other areas of the facility."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

76e. HCP that staff this area have their own bathroom.

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"HCP working on the COVID-19 care unit should ideally have a restroom, break room, and work area that are separate from HCP working in other areas of the facility."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

76f. Dedicated resident care equipment (e.g., vitals machine) are assigned to the unit.

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Assign dedicated resident care equipment (e.g., vitals machine) to the cohort unit. Cleaning and disinfection of shared equipment should be performed between residents and the equipment should not leave the cohort unit."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

Notes

77. Describe **where** a symptomatic resident awaiting SARS-CoV-2 testing results would be roomed (please select all that apply):

☐ In their current room
☐ Moved to a different room, please specify where: _____
☐ Other, please specify: _____
☐ Unknown
☐ Not assessed

"Residents in the facility who develop symptoms consistent with COVID-19 could be moved to a single room pending results of SARS-CoV-2 testing. They should not be placed in a room with a new admission nor should they be moved to the COVID-19 care unit unless they are confirmed to have COVID-19 by testing."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

78. Describe **with whom** a symptomatic resident awaiting SARS-CoV-2 testing results would be roomed (please select all that apply):

☐ Without roommates
☐ With current roommate(s)
☐ With new, also symptomatic roommate(s)
☐ With new, asymptomatic roommate(s)
☐ Other, please specify: _____
☐ Unknown
☐ Not assessed

"Place the resident in a single room if possible pending results of SARS-CoV-2 testing.

- Cohorting residents on the same unit based on symptoms alone could result in inadvertent mixing of infected and non-infected residents (e.g., residents who have fever, for example, due to a non-COVID-19 illness could be put at risk if moved to a COVID-19 unit).
- If cohorting symptomatic residents, care should be taken to ensure infection prevention and control interventions are in place to decrease the risk of cross-transmission."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

79. Describe **where** an asymptomatic but exposed roommate of a resident with SARS-CoV-2 infection would be roomed (please select all that apply):

- ☐ In their current room
- ☐ Moved to a different room, please specify where: _____
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit)."

"Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

80. Describe **with whom** an asymptomatic but exposed roommate of a resident with SARS-CoV-2 infection would be roomed (please select all that apply):

- ☐ Without roommates
- ☐ With their infected roommate(s)
- ☐ With current roommate(s) who are also exposed
- ☐ With new roommate(s) exposed to SARS-CoV-2 virus elsewhere
- ☐ With new, unexposed roommate(s)
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit)."

"Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

81. Describe **where** a new admission or readmission without known SARS-CoV-2 infection would be roomed (please select all that apply):

- ☐ In a designated area
- ☐ Not in a designated area, please specify where: _____
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

82. Describe **with whom** a new admission or readmission without known SARS-CoV-2 infection would be roomed (please select all that apply):

- ☐ Without roommates
- ☐ With other new or readmitted residents
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

83. Ask the facility to describe their monitoring plan for new admissions and readmissions without known SARS-CoV-2 infection.

83a. They are monitored for 14 days before being transferred from a private room or observation area to the main facility.

○ Yes ○ No ○ Unknown ○ Not assessed

"Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission."

"New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission)."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

83b. They are monitored even if they had a negative SARS-CoV-2 viral test prior to or at facility admission.

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic SARS-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. **Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home**."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

83c. They are tested for SARS-CoV-2 at the end of the monitoring period.

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Although not required, testing at the end of this period could be considered to increase certainty."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

84. When would the facility discontinue Transmission-based Precautions for **symptomatic** residents with SARS-CoV-2 infection (i.e., end isolation) (please select all that apply)?

☐ For those with **mild to moderate illness** and are **not severely immunocompromised**:
- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

☐ For those with **severe to critical illness** or who are **severely immunocompromised**:
- At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

☐ Using a test-based strategy

☐ Other, please specify: _____

☐ Unknown

☐ Not assessed

"The decision to discontinue Transmission-Based Precautions for residents with confirmed SARS-CoV-2 infection should be made using a symptom-based strategy as described below. The time period used depends on the resident's severity of illness and if they are severely immunocompromised. **Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge from a healthcare facility.**

A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in prolonged isolation of residents who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

Symptom-Based Strategy for Discontinuing Transmission-Based Precautions.

Residents with mild to moderate illness who are not severely immunocompromised:
- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Residents with severe to critical illness or who are severely immunocompromised:
- At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

Test-Based Strategy for Discontinuing Transmission-Based Precautions.

In some instances, a test-based strategy could be considered for discontinuing Transmission-based Precautions earlier than if the symptom-based strategy were used. A test-based strategy could also be considered for some residents (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the resident being infectious for more than 20 days.

The criteria for the test-based strategy are:

Residents who are symptomatic:
- Resolution of fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved, **and**
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

Definitions:
Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO2) ≥94% on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for residents with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

Severely Immunocompromised: Some conditions, such as being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions**.** Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions. Ultimately, the degree of immunocompromise for the resident is determined by the treating provider, and preventive actions are tailored to each individual and situation."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html

85. When would the facility discontinue Transmission-based Precautions for **asymptomatic** residents with SARS-CoV-2 infection (i.e., end isolation) (please select all that apply)?

- ☐ For residents who are **not severely immunocompromised**, and who were asymptomatic throughout their infection, Transmission-Based Precautions are discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test
- ☐ For residents who are **severely immunocompromised**, and who were asymptomatic throughout their infection, Transmission-Based Precautions are discontinued when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test
- ☐ Using a test-based strategy
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"For residents who are **not severely immunocompromised** and who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

For residents who are **severely immunocompromised** and who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

A test-based strategy is no longer recommended because, in the majority of cases, it results in prolonged isolation of residents who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

Criteria for the test-based strategy are:

Residents who are asymptomatic:

Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

Definition:
Severely Immunocompromised: Some conditions, such as being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions**.** Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions. Ultimately, the degree of immunocompromise for the resident is determined by the treating provider, and preventive actions are tailored to each individual and situation."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

86. When would the facility discontinue **empiric** Transmission-Based Precautions for **symptomatic** residents who did not have laboratory evidence of SARS-CoV-2 infection (please select all that apply)?

- ☐ After one negative respiratory specimen tested using an FDA-authorized **molecular** viral assay to detect SARS-CoV-2 RNA.
- ☐ If a higher level of clinical suspicion for SARS-CoV-2 infection exists despite one negative test, Transmission-Based Precautions would be continued and a second test for SARS-CoV-2 would be performed.
- ☐ If a rapid antigen test is negative, only after a confirmatory reverse transcriptase polymerase chain reaction (RT-PCR) obtained within **48** hours of the antigen test is also negative.
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"The decision to discontinue empiric Transmission-Based Precautions by excluding the diagnosis of current SARS-CoV-2 infection for a resident with suspected SARS-CoV-2 infection can be made based upon having negative results from at least one respiratory specimen tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

- If a higher level of clinical suspicion for SARS-CoV-2 infection exists, consider maintaining Transmission-Based Precautions and performing a second test for SARS-CoV-2 RNA.
- If a resident suspected of having SARS-CoV-2 infection is never tested, the decision to discontinue Transmission-Based Precautions can be made using the *symptom-based strategy*.

Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determine whether to continue or discontinue empiric Transmission-Based Precautions."

In addition, as more nursing homes gain access to **rapid antigen tests**, consideration of false negative antigen tests must be taken before the release of Transmission-Based Precautions.

"If an antigen test is presumptive negative, perform RT-PCR immediately (e.g., within 48 hours).

- Symptomatic residents and HCP should be kept in transmission-based precautions or excluded from work until RT-PCR results return.
- Some antigen platforms have higher sensitivity when testing individuals within 5 days of symptom onset. Clinical discretion should be utilized to determine if individuals who test negative on such platforms should be retested with RT-PCR"

Note: This question **does not** apply to new or readmissions without known SARS-CoV-2 infection for whom Transmission-Based Precaution should remain in place for 14 days from admission regardless of prior viral testing results. Some facilities will remove Transmission-Based Precautions earlier than 14 days based upon prior negative testing results which is **not** recommended.

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html

Notes

Section 7: SARS-CoV-2 Testing

87. Where is viral laboratory testing for SARS-CoV-2 conducted (please select all that apply)?

- ☐ At the facility
- ☐ At a contracted laboratory
- ☐ At a public health laboratory
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

There is no recommendation regarding where SARS-CoV-2 viral testing must occur.

88. What type of testing for SARS-CoV-2 is conducted (please select all that apply)?

- ☐ Point of care antigen testing
- ☐ Rapid molecular point of care testing (i.e., Abbott ID Now)
- ☐ Reverse-transcriptase polymerase chain reaction (RT-PCR)
- ☐ Antibody testing
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

Facilities may have access to multiple types of tests. They should understand the limitations of each of the different testing methods and must be able to interpret and implement clinical and infection control actions based upon them. For instance, the Food and Drug Administration (FDA) has issued a public alert regarding the accuracy of results from the Abbott ID NOW testing platform. In addition, the "sensitivity of the rapid antigen tests is generally lower than reverse transcriptase polymerase chain reaction (RT-PCR), and as such the FDA recommends that negative point of care antigen test results be considered presumptive" and may require additional confirmatory testing within 48 hours. FDA has also issued an alert regarding the possibility of false positives with the rapid antigen tests as well.

Only molecular and antigen tests should be used for diagnostic purposes. "CDC does not currently recommend using antibody testing for the diagnosis of infection."

Sources:
https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-informs-public-about-possible-accuracy-concerns-abbott-id-now-point

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html?deliveryName=USCDC_425-DM30670

https://www.fda.gov/medical-devices/letters-health-care-providers/potential-false-positive-results-antigen-tests-rapid-detection-sars-cov-2-letter-clinical-laboratory?utm_medium=email&utm_source=govdelivery

89. How long does it take for viral testing results to return?

- ◯ Less than 24 hours
- ◯ Between 24 and 48 hours
- ◯ Greater than 48 hours, please specify how long: _____
- ◯ Unknown
- ◯ Not assessed

CDC recommends facilities "should aim for a rapid turnaround of testing results as defined as less than 24 hours." CMS defines a rapid turnaround of test results as less than 48 hours.

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

https://www.cms.gov/files/document/qso-20-38-nh.pdf

90. If antigen testing is utilized, does the facility confirm negative antigen test results from symptomatic residents and HCP with a reverse-transcriptase polymerase chain reaction (RT-PCR) within 48 hours?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Facility not using rapid antigen testing
- ◯ Not assessed

"The sensitivity of the rapid antigen tests is generally lower than reverse transcriptase polymerase chain reaction (RT-PCR), and as such the FDA recommends that negative point of care antigen test results be considered presumptive. As a result, for symptomatic individuals with presumptive negative antigen test results, a confirmatory RT-PCR test should be performed within 48 hours and individuals should be assumed infectious until the confirmatory test results are completed. For instance, if a symptomatic resident tests presumptive negative on antigen test and a RT-PCR is performed, the resident should remain in Transmission-Based Precautions until the RT-PCR test results. If an asymptomatic HCP working in a nursing home without an outbreak and in a county with low community prevalence tests antigen positive, they should be excluded from work until a negative RT-PCR test is available."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

91. Is the facility testing all symptomatic residents?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Perform viral testing of any resident who has signs or symptoms of COVID-19."

"Residents who have signs or symptoms of COVID-19 must be tested."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

https://www.cms.gov/files/document/qso-20-38-nh.pdf

92. Is the facility testing all symptomatic HCP?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"HCP with signs or symptoms of COVID-19 should be prioritized for SARS-CoV-2 testing."

"Staff with symptoms or signs of COVID-19 must be tested and are expected to be restricted from the facility pending the results of COVID-19 testing."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

https://www.cms.gov/files/document/qso-20-38-nh.pdf

93. Is the facility able to perform **routine testing of HCP** based on the extent of the virus in the surrounding community as per CMS guidance?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

Per CMS (CMS-3401-IFC),"the routine testing of HCP should be based on the extent of the virus in the community, therefore facilities should use their county positivity rate in the prior week as the trigger for staff testing frequency. Reports of COVID-19 county-level positivity rates are available at https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg "

Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% – 10%	Once a week*
High	>10%	Twice a week*

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site turnaround is <48 hours.

Source: https://www.cms.gov/files/document/qso-20-38-nh.pdf

94. Where in the facility are specimens collected for residents (please select all that apply)?

☐ In the resident's room with the door closed ☐ Unknown

☐ Other, please specify: _____ ☐ Not assessed

"Specimen collection should be performed one at a time in each resident's room with the door closed. An airborne infection isolation room is not required. Ideally for rooms with multiple residents, specimen collection should be performed one individual at a time in a room with the door closed and no other individuals present."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-facility-wide-testing.html

95. Where in the facility are specimens collected for HCP (please select all that apply)?

- ☐ A designated room inside the facility with the door closed with one HCP at a time
- ☐ A large room (e.g., gymnasiums) where sufficient space can be maintained between swabbing stations (e.g., greater than 6 feet apart)
- ☐ An outdoor location
- ☐ Unknown
- ☐ Not assessed
- ☐ Other, please specify: _____

"Ideally, specimen collection should be performed one individual at a time in a room with the door closed and no other individuals present. If individual rooms are not available, other options include:

- Large spaces (e.g., gymnasiums) where sufficient space can be maintained between swabbing stations (e.g., greater than 6 feet apart).
- An outdoor location, weather permitting, where other individuals will not come near the specimen collection activity.

Considerations for multiple HCP being swabbed in succession in a single room:

- Consider the use of portable HEPA filters to increase air exchanges and to expedite removing infectious particles.
- Minimize the amount of time the HCP will spend in the room. HCP awaiting swabbing should not wait in the room where swabbing is being done. Those swabbed should have a face mask or cloth cover in place for source control throughout the process, only removing it during swabbing.

Minimize the equipment kept in the specimen collection area. Consider having each person bring their own prefilled specimen bag containing a swab and labeled sterile viral transport media container into the testing area from the check-in area."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-facility-wide-testing.html

96. During an outbreak (i.e., a new SARS-CoV-2 infection in any HCP or any nursing home-onset SARS-CoV-2 infection in a resident), would the facility conduct viral testing of **all residents** (to include asymptomatic residents) in the nursing home?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

Note: Nursing home-onset SARS-CoV-2 infections refers to SARS-CoV-2 infections that originated in the nursing home. It **does not** refer to the following:

- Residents who were known to have COVID-19 on admission to the facility and were placed into appropriate Transmission-Based Precautions to prevent transmission to others in the facility.
- Residents who were placed into Transmission-Based Precautions on admission and developed SARS-CoV-2 infection within 14 days after admission.

"A single new case of SARS-CoV-2 infection in any HCP or a nursing home-onset SARS-CoV-2 infection in a resident should be considered an outbreak. When one case is detected in a nursing home, there are often other residents and HCP who are infected with SARS-CoV-2 who can continue to spread the infection, even if they are asymptomatic. Performing viral testing of all residents as soon as there is a new confirmed case in the facility will identify infected residents quickly, in order to assist in their clinical management and allow rapid implementation of IPC interventions (e.g., isolation, cohorting, use of personal protective equipment) to prevent SARS-CoV-2 transmission."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

If NO,

96a. How would the facility prioritize testing of residents (please select all that apply)?

- ☐ Testing would be directed to residents who are close contacts of cases (e.g., on the same unit or floor of a new confirmed case or cared for by an infected HCP).
- ☐ Testing would be prioritized for those who develop symptoms.
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"If viral testing capacity is limited, CDC suggests first directing testing to residents who are close contacts (e.g., on the same unit or floor of a new confirmed case or cared for by infected HCP)."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

97. During an outbreak, (i.e., a new SARS-CoV-2 infection in any HCP or any nursing home-onset SARS-CoV-2 infection in a resident), would the facility perform **repeat viral testing of all previously negative residents** every 3 to 7 days until testing identifies no new case for at least 14 days since the most recent positive result?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"After initially performing viral testing of all residents in response to an outbreak, CDC recommends repeat testing to ensure there are no new infections among residents and HCP and that transmission has been terminated. Repeat testing should be coordinated with the local, territorial, or state health department. Continue repeat viral testing of all previously negative residents, generally every 3 days to 7 days, until the testing identifies no new cases of SARS-CoV-2 infection among residents or HCP for a period of at least 14 days since the most recent positive result."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

If NO,

97a. How would the facility prioritize repeat testing of previously negative residents (please select all that apply)?

- ☐ Testing would be directed to residents who leave and return to the facility frequently.
- ☐ Testing would be directed to residents with exposure to a known case (e.g., roommates of cases or those cared for by a HCP with confirmed SARS-CoV-2 infection).
- ☐ Testing would be directed to residents only on affected units.
- ☐ Testing would be prioritized for those who develop symptoms.
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"If viral test capacity is limited, CDC suggests directing repeat rounds of testing to residents who leave and return to the facility (e.g., for outpatient dialysis) or have known exposure to a case (e.g., roommates of cases or those cared for by a HCP with confirmed SARS-CoV-2 infection). For large facilities with limited viral test capacity, testing only residents on affected units could be considered, especially if facility-wide repeat viral testing demonstrates no transmission beyond a limited number of units."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

98. During an outbreak (i.e., a new SARS-CoV-2 infection in any HCP or any nursing home-onset SARS-CoV-2 infection in a resident), would the facility be able to conduct viral testing of **all HCP** in the nursing home?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"A single new case of SARS-CoV-2 infection in any HCP or a nursing home-onset SARS-CoV-2 infection in a resident should be considered an outbreak. When one case is detected in a nursing home, there are often other residents and HCP who are infected with SARS-CoV-2 who can continue to spread the infection, even if they are asymptomatic."

"In nursing homes, expanded viral testing of all HCP is recommended in response to an outbreak in the facility. Expanded viral testing includes initial testing of all HCP."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html#nursing-home
https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html

99. During an outbreak, (i.e., a new SARS-CoV-2 infection in any HCP or any nursing home-onset SARS-CoV-2 infection in a resident), would the facility be able to perform **repeat viral testing of all previously negative HCP** every 3 to 7 days until testing identifies no new case for at least 14 days since the most recent positive result?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"After initially performing viral testing of all residents in response to an outbreak, CDC recommends repeat testing to ensure there are no new infections among residents and HCP and that transmission has been terminated. Repeat testing of all previously negative HCP, generally between every 3 days to 7 days, until the testing identifies no new cases of SARS-CoV-2 infection among residents or HCP for a period of at least 14 days since the most recent positive result. Repeat testing should be coordinated with the local, territorial, or state health department."

Sources:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html

Notes

End remote TeleICAR assessment if video tour is not planned. Continue to the next sections if video or in-person tour is planned.

Facility Tour

Sections 8-14: The following sections should be completed during a video tour as part of a remote assessment or as part of an in-person tour of the facility. These sections are intended to visualize how facilities are implementing some of the previously discussed policies and practices. If the tool is used during an in-person tour, check "not applicable" under the "video assessment attempted" element for each section but proceed to record responses for the rest of the section. If the ICAR facilitator is unable to visualize any of listed elements during a video or in-person tour, answer "not assessed" for that element.

In the notes sections, be sure to note when there are discrepancies between what was discussed during the policy and procedures discussion and what was visualized as part of the tour.

Considerations when using video during remote assessments

It is important to acknowledge that video tours of facilities during remote assessments have their own limitations and challenges to include technical issues, limited internet service in some facilities, and the general inability to visualize the facility in the same way one could during an on-site visit. However, video can increase the quality of the remote assessment by allowing a facilitator to visualize how facilities are implementing some essential IPC practices when compared to conducting an assessment via phone alone.

Some factors to consider:

- To ensure resident privacy, recordings and pictures during the assessment are generally discouraged.
- During the ICAR scheduling process, the facilitator should emphasize their desire to conduct a video tour as part of the assessment process and determine the facility's ability to utilize a video conferencing platform to conduct the tour. The tour will require movement to different parts of the facility and thus will require the video conferencing platform to be located on a moveable device such as a laptop or cell phone.
- If the facility is unable to complete both the policies and practices discussion and video tour on the same day, the video tour could be delayed to another day.
- In general, the average video tour will take 20-30 minutes to complete.

Begin tour: Ask to see the screening areas where HCP or visitors are assessed.

Section 8: Screening Stations

100. Video assessment attempted

- ◯ Yes
- ◯ No (**SKIP TO 108**)
- ◯ Not applicable, assessment part of an on-site visit

101. Who is being screened at this location (please select all that apply)?

- ☐ HCP
- ☐ Visitors
- ☐ Other, please specify: _____
- ☐ Not assessed

102. The point of entry prior to the screening station is monitored.

- ◯ Yes
- ◯ No
- ◯ Not assessed

103. What PPE is worn by HCP performing the screening (please select all that apply)?

- ☐ Respirators
- ☐ Facemasks
- ☐ Eye Protection
- ☐ Gowns
- ☐ Gloves
- ☐ Other, please specify: _____
- ☐ Not assessed

104. What type of thermometer is being used (please select all that apply)?

- ☐ No touch
- ☐ Oral
- ☐ Ear /Tympanic
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

105. Screening questions assess the following (please select all that apply):

- ☐ Chills
- ☐ New or worsening cough
- ☐ Shortness of breath
- ☐ Muscle aches
- ☐ New onset loss of taste or smell
- ☐ Fatigue
- ☐ Headache
- ☐ Sore throat
- ☐ Runny nose
- ☐ GI symptoms such as nausea, vomiting, diarrhea
- ☐ If self-quarantine has been advised due to exposure to someone with SARS-CoV-2 infection
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

106. Alcohol-based hand sanitizer is available at the screening station.

- ◯ Yes
- ◯ No
- ◯ Not assessed

107. What PPE is available at the screening station for distribution to HCP (please select all that apply)?

- ☐ Respirators
- ☐ Facemasks
- ☐ Eye Protection
- ☐ Gowns
- ☐ Gloves
- ☐ Other, please specify: _____
- ☐ Cloth face coverings
- ☐ None
- ☐ Not assessed

Notes (especially note areas where discrepancies may have existed between the discussion and facility tour)

Ask to be brought onto a resident floor not currently housing residents with SARS-CoV-2 infections to assess Sections 9-14.

Section 9: Hand Hygiene

108. Video assessment attempted

- ◯ Yes
- ◯ No (**SKIP TO 113**)
- ◯ Not applicable, assessment part of an on-site visit

Ask facility to activate/push several alcohol-based hand sanitizer dispensers.

109. All demonstrated dispensers are functional.

- ◯ Yes
- ◯ No
- ◯ Not assessed

110. Alcohol-based hand sanitizer is located outside resident rooms.

- ◯ Yes
- ◯ No
- ◯ Not assessed

111. Alcohol-based hand sanitizer is located inside resident rooms.

- ◯ Yes
- ◯ No
- ◯ Not assessed

112. List other locations where alcohol-based hand sanitizer can be found (e.g., medicine carts, nursing stations) on the resident floor:

Notes (especially note areas where discrepancies may have existed between the discussion and facility tour)

Section 10: PPE Use

Ask the facility to show you several examples of HCP wearing PPE on the resident floor.

113. Video assessment attempted

- ◯ Yes
- ◯ No (**SKIP TO 117**)
- ◯ Not applicable, assessment part of an on-site visit

114. All visualized HCP are correctly wearing facemasks or respirators in the facility.

- ◯ Yes
- ◯ No
- ◯ Not assessed

115. HCP are wearing eye protection for all resident encounters if there is **moderate to substantial community transmission**.

- ◯ Yes
- ◯ No
- ◯ Not applicable
- ◯ Not assessed

116. Describe where the facility stores unused/new PPE (please select all that apply):

- ☐ In unlocked carts outside of resident rooms
- ☐ From an unlocked storage room on each care unit
- ☐ From a locked storage room on each care unit
- ☐ From an unlocked storage room off the care units
- ☐ From a locked storage room off the care units
- ☐ Other, please specify: _____
- ☐ Not assessed

Notes (especially note areas where discrepancies may have existed between the discussion and facility tour)

Reprocessing and Storing of Reused PPE

Ask the facility to show you where they are reprocessing and storing reused PPE (if applicable).

117. Video assessment attempted

- ◯ Yes
- ◯ No (**SKIP TO 123**)
- ◯ Not applicable, facility is not reprocessing or storing used PPE (**SKIP TO 123**)
- ◯ Not applicable, assessment part of an on-site visit

118. Respirators are stored in a breathable container (e.g., paper bag) in a clean area and labeled with HCP name/date.

- ◯ Yes
- ◯ No
- ◯ Not applicable
- ◯ Not assessed

119. Facemasks are stored in a breathable container (e.g., paper bag) in a clean area and labeled with HCP name/date.

- ◯ Yes
- ◯ No
- ◯ Not applicable
- ◯ Not assessed

120. A dedicated area is used to clean and disinfect eye protection.

- ◯ Yes
- ◯ No
- ◯ Not applicable
- ◯ Not assessed

121. Eye protection is stored in a clean area that avoids contamination.

- ◯ Yes
- ◯ No
- ◯ Not applicable
- ◯ Not assessed

122. If gowns are reused, ask to see where and how they are being stored and describe:

Notes (especially note areas where discrepancies may have existed between the discussion and facility tour)

Section 11: Frontline HCP Interview

Ask to interview a frontline HCP on the floor such as a nurse or nurse's aide.

123. Interviewed frontline HCP

- ◯ Yes
- ◯ No (**SKIP TO 128**)

124. HCP describe when they perform hand hygiene (please select all that apply):

- ☐ Before touching a resident
- ☐ After touching a resident
- ☐ Before clean/aseptic procedures
- ☐ After body fluid exposure
- ☐ After touching resident surroundings
- ☐ Other, please specify: _____
- ☐ Not assessed

125. HCP describe when they use alcohol-based hand sanitizer (ABHS):

- ◯ In most clinical situations
- ◯ Not in most clinical situations. Please describe why ABHS is not used:

  _____
- ◯ Not assessed

126. HCP can describe when they would perform hand hygiene using soap and water (please select all that apply):

- ☐ When hands are visibly soiled
- ☐ Before eating and drinking
- ☐ After using the restroom
- ☐ During an outbreak of *Clostridioides difficile* or norovirus
- ☐ If they work in the kitchen
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

127. Watch or ask a frontline HCP to describe how they would doff PPE.

127a. Select one:

- ◯ The facilitator observed HCP doff PPE
- ◯ The facilitator listened to HCP describe the doffing process
- ◯ Not assessed

127b. Was this done in a manner that limited self-contamination?

◯ Yes ◯ No ◯ Not assessed

127c. Did the HCP perform hand hygiene after doffing PPE?

◯ Yes ◯ No ◯ Not assessed

Notes (especially note areas where discrepancies may have existed between the discussion and facility tour)

Section 12: Environmental Services (i.e., housekeeping)

Ask to interview an EVS staff member (i.e., housekeeper).

128. Interviewed EVS staff member

- ◯ Yes
- ◯ No (**SKIP TO 132**)

129. EVS staff member can name several high touch surfaces in a room.

◯ Yes ◯ No ◯ Not assessed

130. EVS staff member can state the contact time of disinfection products.

◯ Yes ◯ No ◯ Not assessed

131. EVS staff member can describe the order in which they clean a resident room.

◯ Yes ◯ No ◯ Not assessed

Notes (especially note areas where discrepancies may have existed between the discussion and facility tour)

Section 13: Social Distancing/ Breakrooms

Ask the facility to show you a break room.

132. Video assessment attempted

- ◯ Yes
- ◯ No (**SKIP TO 135**)
- ◯ Not applicable, assessment part of an on-site visit

133. HCP are more than 6 feet apart

- ◯ Yes
- ◯ No
- ◯ Only one HCP allowed in a breakroom at a time
- ◯ Not assessed

134. HCP are wearing facemasks unless eating or drinking

◯ Yes ◯ No ◯ Not assessed

Notes (especially note areas where discrepancies may have existed between the discussion and facility tour)

Ask to view the facility's designated COVID-19 area. If there are no current residents with SARS-CoV-2 infection, ask to see the location where the care area would be created.

Section 14: Designated COVID-19 Care Area

135. Video assessment attempted

- ◯ Yes
- ◯ No (**END VIDEO**)
- ◯ Not applicable, facility does not plan on creating a designated COVID-19 area (**END VIDEO)**
- ◯ Not applicable, assessment part of an on-site visit

136. The designated COVID-19 care area is physically separated from other rooms or units housing residents without confirmed SARS-CoV-2 infections.

◯ Yes ◯ No ◯ Not assessed

137. Alcohol-based hand sanitizer is available inside each room.

◯ Yes ◯ No ◯ Not assessed

138. Alcohol-based hand sanitizer is available outside of each room.

◯ Yes ◯ No ◯ Not assessed

139. Dedicated medical equipment is used for this care area.

◯ Yes ◯ No ◯ Not assessed ◯ Not applicable, no residents currently on this unit

140. Dedicated medical equipment is stored in the resident room.

◯ Yes ◯ No ◯ Not assessed ◯ Not applicable, no residents currently on this unit

141. Entrance to COVID-19 care area is controlled.

◯ Yes ◯ No ◯ Not assessed ◯ Not applicable, no residents currently on this unit

141a. Signage indicating only designated HCP should enter is present.

◯ Yes ◯ No ◯ Not assessed ◯ Not applicable, no residents currently on this unit

142. Room doors are kept closed (unless resident safety concerns require opening).

◯ Yes ◯ No ◯ Not assessed ◯ Not applicable, no residents currently on this unit

143. PPE is available for donning at entrance to each room for COVID-19 residents.

◯ Yes ◯ No ◯ Not assessed ◯ Not applicable, no residents currently on this unit

144. HCP doff gowns and gloves at exit to each room.

◯ Yes ◯ No ◯ Not assessed ◯ Not applicable, no residents currently on this unit

Note: If gown shortages exist, the facility may be practicing extended use of gowns in this area such that the same gown is worn continuously for the care of multiple residents. These gowns should NOT be worn into clean areas such as nursing stations, breakrooms, and clean utility rooms.

Notes (especially note areas where discrepancies may have existed between the discussion and facility tour)