

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

Version 2.0, November 2020

Name of Facilitator: \_\_\_\_\_

Assessment Date: \_\_\_\_\_



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

## Section 1. Facility Demographics and Critical Infrastructure

(facility should complete this section prior to consultation, provided as separate PDF:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-icar-section1-demographics.pdf>)

1. Facility name: \_\_\_\_\_
2. County in which the facility is located: \_\_\_\_\_
3. Type of care provided by the facility (please select all that apply):

Skilled nursing	Ventilator care	Psychiatric care
Subacute rehabilitation	Tracheostomy care	In-facility dialysis
Long-term care	Dementia/memory care	Other, please specify: _____
4. Total number of licensed beds in the facility: \_\_\_\_\_
5. Total number of residents currently in the facility: \_\_\_\_\_
6. Total number of units in the facility: \_\_\_\_\_
7. Total number of each resident room type in the facility:
  - Singles/Private: \_\_\_\_\_
  - Doubles/Semi-Privates: \_\_\_\_\_
  - Triples: \_\_\_\_\_
  - Quads: \_\_\_\_\_
  - Other, please specify: \_\_\_\_\_
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): \_\_\_\_\_

\* **Healthcare Personnel (HCP):** 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).

### Notes

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).

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

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

## Notes

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): \_\_\_\_\_

†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.

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: \_\_\_\_\_

## Notes

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	
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**Facemasks**

<1 week	1–2 weeks	3–4 weeks	>4 weeks	Unknown	
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**Cloth face coverings (for resident/visitor use)**

<1 week	1–2 weeks	3–4 weeks	>4 weeks	Unknown	
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**Disposable, single-use respirators (such as N95 filtering facepiece respirators)**

<1 week	1–2 weeks	3–4 weeks	>4 weeks	Unknown	Not applicable
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**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
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**Powered air purifying respirators (PAPR)**

<1 week	1–2 weeks	3–4 weeks	>4 weeks	Unknown	Not applicable
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**Gowns**

<1 week	1–2 weeks	3–4 weeks	>4 weeks	Unknown	
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**Gloves**

<1 week	1–2 weeks	3–4 weeks	>4 weeks	Unknown	
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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: \_\_\_\_\_

**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.

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

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

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

**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

**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

**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

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

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

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

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

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

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

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

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

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

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

## 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

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 a locked storage room *not on* the care units

From an unlocked storage room *on* each care unit

Other, please specify: \_\_\_\_\_

From a locked storage room *on* each care unit

Unknown

From an unlocked storage room *not on* the care units

Not assessed

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

Regular trash

Unknown

Biohazard bags

Not assessed

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

Other, please specify: \_\_\_\_\_

On tables used for eating and drinking

Unknown

They are wearing the PPE while on breaks

Not assessed

HCP discard of PPE before eating and drinking

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

Yes

No

Not assessed

23. Can the facility describe what reusing PPE means?

Yes

No

Not assessed

## 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

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

Yes                      No                      Unknown                      Not assessed

**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

26. Is the facility currently reusing disposable respirators?

Yes                      No                      Unknown                      Not assessed

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

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

In a breathable container such as a paper bag                      Unknown

Placed in a plastic bag                      Not assessed

Other, please specify: \_\_\_\_\_

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

In a designated storage area within the facility                      Other, please specify: \_\_\_\_\_

Somewhere in the facility but not in a designated storage area                      Unknown

HCP store them outside the building (e.g., in their cars)                      Not assessed

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

28. Is the facility decontaminating disposable respirators?

Yes

No

Unknown

Not assessed

If YES:

28a. How are disposable respirators decontaminated?

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

## Notes

## Facemasks

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

Yes

No

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

If YES:

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

In a breathable container such as a paper bag

Unknown

Placed in a plastic bag

Not assessed

Other, please specify: \_\_\_\_\_

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

In a designated storage area within the facility

Other, please specify: \_\_\_\_\_

Somewhere in the facility but not in a designated storage area

Unknown

HCP store them outside the building (e.g., in their cars)

Not assessed

**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

## 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

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

- |     |    |         |              |
|-----|----|---------|--------------|
| Yes | No | Unknown | Not assessed |
|-----|----|---------|--------------|

**34. Is the facility currently reusing eye protection?**

- |     |    |         |              |
|-----|----|---------|--------------|
| Yes | No | Unknown | Not assessed |
|-----|----|---------|--------------|

*If YES:*

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

- |     |    |         |              |
|-----|----|---------|--------------|
| Yes | No | Unknown | Not assessed |
|-----|----|---------|--------------|

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

- |     |    |         |              |
|-----|----|---------|--------------|
| Yes | No | Unknown | Not assessed |
|-----|----|---------|--------------|

**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

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

- |     |              |
|-----|--------------|
| Yes | Unknown      |
| No  | Not assessed |
- Disposable face shields not used in facility

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 not used in the facility

Unknown

Not assessed

## 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

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

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

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?

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: \_\_\_\_\_

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

Yes                                      Unknown  
No                                      Not assessed  
Facility is not experiencing gown shortages

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                      Other, please specify: \_\_\_\_\_  
Units for the care of new or readmissions without known SARS-CoV-2 infections                      Unknown  
Units for care of residents without known or suspected SARS-CoV-2 infections                      Not assessed

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

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

Yes                                      Unknown  
No                                      Not assessed  
Facility is not experiencing gown shortages

If YES:

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

Launderable                      Unknown                      Other, please specify: \_\_\_\_\_  
Disposable                      Not assessed

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

In individual resident rooms                      Unknown  
In a designated storage area                      Not assessed  
Other, please specify: \_\_\_\_\_

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

On hooks

Other, please specify: \_\_\_\_\_

In bags without other PPE

Unknown

In bags with other PPE

Not assessed

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

Yes

No

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

**42f.** Does the facility decontaminate disposable gowns?

Yes

No

Unknown

Not assessed

## Notes

## Gloves

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

Yes

No

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

If YES:

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

## 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

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

Yes                      No                      Unknown                      Not assessed

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	Other, please specify: _____
At the head of each bed	Unknown
In the bathroom	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.	Other, please specify: _____
They didn't know they should put it in resident rooms.	Unknown
They can't afford it.	Not assessed
They can't acquire it due to current shortage.	

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

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

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

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

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

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

## Notes

## Section 4. Environmental Services (EVS) (i.e., housekeeping)

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

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

Yes                      No                      Unknown                      Not assessed

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 (please specify all that apply)?

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

EVS Supervisor	Other, please specify: _____	Unknown
Individual EVS staff		Not assessed

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

Yes                      No                      Unknown                      Not assessed

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

Yes                      No                      Unknown                      Not assessed

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

24 hours	More than 24 hours	Not assessed
Less than 24 hours	Unknown	

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

Daily	Less than daily	Not assessed
More than daily	Unknown	

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	

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

After each resident	Unknown
Other, please specify: _____	Not assessed



## 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

If YES:

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

CDC Nursing Home Infection Preventionist Training Course

Other, please specify: \_\_\_\_\_

Corporate training program

Unknown

State or local health department led trainings

Not assessed

Certification in Infection Control (CIC)

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

Director of nursing

Other, please specify: \_\_\_\_\_

Assistant director of nursing

No additional duties

Direct resident care

Unknown

Wound care

Not assessed

**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

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

Yes

No

Unknown

Not assessed

**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

## Notes

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

Yes                      No                      Unknown                      Not assessed

*If YES, have the facility describe the screening process:*

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

Yes                      No                      Unknown                      Not assessed

**62b.** Temperatures taken of persons at entry

Yes                      No                      Unknown                      Not assessed

**62c.** Fever defined as 100.0 degrees F or higher

Yes                      No                      Unknown                      Not assessed

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

No touch                      Other, please specify: \_\_\_\_\_  
 Oral                      Unknown  
 Ear/Tympanic                      Not assessed

**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

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

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

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

Yes                      No                      Unknown                      Not assessed

**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

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

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

## 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

**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

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

Breaks are scheduled

Other, please specify: \_\_\_\_\_

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

Unknown

Audits of breakrooms to ensure compliance

Not assessed

## 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
-----	----	---------	--------------

**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
-----	----	---------	--------------

**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
-----	----	---------	--------------

**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	They are not required to use PPE	Unknown	Not assessed
No			

## 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

**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

**72b.** Temperatures are measured

Yes

No

Unknown

Not assessed

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

Oral temperature of 100.0 degrees F or higher

Other, please specify: \_\_\_\_\_

Repeated oral temperature of greater than 99.0 degrees F

Unknown

Single temperature greater than 2 degrees F over baseline from any site

Not assessed

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

Chills

New or worsening dizziness

Oxygen saturation measured via pulse oximetry

New or worsening shortness of breath

Fatigue

Other, please specify: \_\_\_\_\_

New or worsening cough

Runny nose

Unknown

Muscle aches

Sore throat

Not assessed

New onset loss of taste or smell

Headache

New or worsening malaise

GI symptoms such as nausea, vomiting, diarrhea

**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

More than three times a day

Not assessed

Three times a day

Unknown

**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

**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

**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

Unknown

No (**If no, please skip to 77**)

Not assessed

If YES:

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

Yes

No

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

## 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

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

Without roommates

With new, asymptomatic roommate(s)

Not assessed

With current roommate(s)

Other, please specify: \_\_\_\_\_

With new, also symptomatic roommate(s)

Unknown

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

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 new, unexposed roommate(s)

With their infected roommate(s)

Other, please specify: \_\_\_\_\_

With current roommate(s) who are also exposed

Unknown

With new roommate(s) exposed to SARS-CoV-2 virus elsewhere

Not assessed

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

Unknown

Not in a designated area, please specify where: \_\_\_\_\_

Not assessed

Other, please specify: \_\_\_\_\_

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

Unknown

With other new or readmitted residents

Not assessed

Other, please specify: \_\_\_\_\_

## Notes



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
-----	----	---------	--------------

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
-----	----	---------	--------------

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

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

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

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

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

## 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

Other, please specify: \_\_\_\_\_

At a contracted laboratory

Unknown

At a public health laboratory

Not assessed

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

Point of care antigen testing

Other, please specify: \_\_\_\_\_

Rapid molecular point of care testing (i.e., Abbott ID Now)

Unknown

Reverse-transcriptase polymerase chain reaction (RT-PCR)

Not assessed

Antibody testing

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

Less than 24 hours

Unknown

Between 24 and 48 hours

Not assessed

Greater than 48 hours, please specify how long: \_\_\_\_\_

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

Facility not using rapid antigen testing

No

Not assessed

Unknown

91. Is the facility testing all symptomatic residents?

Yes                      No                      Unknown                      Not assessed

92. Is the facility testing all symptomatic HCP?

Yes                      No                      Unknown                      Not assessed

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

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

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                      An outdoor location  
A large room (e.g., gymnasiums) where sufficient space can be maintained between swabbing stations (e.g., greater than 6 feet apart)                      Other, please specify: \_\_\_\_\_  
Unknown  
Not assessed

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

*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

**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.

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

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

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

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

## Notes

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

The following sections should be completed during a video or in-person tour of the facility. If you are unable to capture any elements, answer “not assessed”. If the tool is being used as part of an on-site visit, check “not applicable” under the video assessment questions and proceed to record answers to the rest of the questions listed.

**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

Gowns

Not assessed

Facemasks

Gloves

Eye Protection

Other, please specify: \_\_\_\_\_

### 104. What type of thermometer is being used? (please select all that apply)

No touch

Other, please specify: \_\_\_\_\_

Oral

Unknown

Ear/Tympanic

Not assessed

### 105. Screening questions assess the following (please select all that apply):

Chills

Fatigue

If self-quarantine has been advised  
due to exposure to someone with  
SARS-CoV-2 infection

New or worsening cough

Headache

Other, please specify: \_\_\_\_\_

Shortness of breath

Sore throat

Unknown

Muscle aches

Runny nose

Not assessed

New onset loss of taste or smell

GI symptoms such as nausea,  
vomiting, diarrhea

**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)**

Empty box for notes.

**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 body fluid exposure

Other, please specify: \_\_\_\_\_

After touching a resident

After touching resident

Not assessed

Before clean/aseptic procedures

surroundings

**125.** HCP describe when they use alcohol-based hand sanitizer.

In most clinical situations

Not in most clinical situations. Please describe why ABHS is not used: \_\_\_\_\_

Not assessed

**126.** HCP describe when they would perform hand hygiene using soap and water (please select all that apply):

When hands are visibly soiled

If they work in the kitchen

Before eating and drinking

Other, please specify: \_\_\_\_\_

After using the restroom

Unknown

During an outbreak of *Clostridioides difficile* or norovirus

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 breakroom.**

**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.

**Notes (especially note areas where discrepancies may have existed between the discussion and facility tour)**

Empty box for notes.

## Overall Assessment Notes