

Nursing Home Infection Prevention Assessment Tool for COVID-19

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

Which of the following situations apply to the facility? (Select all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> No cases of COVID-19 currently reported in their community <input type="checkbox"/> Cases reported in their community <input type="checkbox"/> Sustained transmission reported in their community <input type="checkbox"/> Cases identified in their facility (either among HCP or residents) 		
Visitor restrictions		
Elements to be assessed	Assessment	Notes/Areas for Improvement
Facility restricts all visitation except certain compassionate care situations, such as end of life situations. Decisions about visitation during an end of life situation are made on a case by case basis. <ul style="list-style-type: none"> • Potential visitors are screened prior to entry for fever or respiratory symptoms. Those with symptoms are not permitted to enter the facility. • Visitors that are permitted inside, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They are also reminded to frequently perform hand hygiene. 		
Facility has sent a communication (e.g., letter, email) to families advising them that no visitors will be allowed in the facility except for certain compassionate care situations, such as end of life situations, and that alternative methods for visitation (e.g., video conferencing) will be facilitated by the facility.		
Facility has provided alternative methods for visitation (e.g., video conferencing) for residents.		
Facility has posted signs at entrances to the facility advising that no visitors may enter the facility.		
Education, monitoring, and screening of healthcare personnel (HCP)		
Elements to be assessed	Assessment	Notes/Areas for Improvement
Facility has provided education and refresher training to HCP (including consultant personnel) about the following: <ul style="list-style-type: none"> • COVID-19 (e.g., symptoms, how it is transmitted) • Sick leave policies and importance of not reporting or remaining at work when ill • Adherence to recommended IPC practices, including: <ul style="list-style-type: none"> ○ Hand hygiene, ○ Selection and use including donning and doffing PPE, 		

<ul style="list-style-type: none"> ○ Cleaning and disinfecting environmental surfaces and resident care equipment ● Any changes to usual policies/procedures in response to PPE or staffing shortages 		
Non-essential personnel including volunteers and non-essential consultant personnel (e.g., barbers) are restricted from entering the building.		
All HCP are reminded to practice social distancing when in break rooms or common areas.		
Facility screens all HCP (including consultant personnel) at the beginning of their shift for fever and respiratory symptoms (actively takes their temperature and documents absence of shortness of breath, new or change in cough, and sore throat). <ul style="list-style-type: none"> ● If they are ill, they are instructed to put on a facemask and return home. 		
Facility keeps a list of symptomatic HCP and their disposition		
Education, monitoring, and screening of residents		
Elements to be assessed	Assessment	Notes/Areas for Improvement
Facility has provided education to residents about the following: <ul style="list-style-type: none"> ● COVID-19 (e.g., symptoms, how it is transmitted) ● Importance of immediately informing HCP if they feel feverish or ill ● Actions they can take to protect themselves (e.g., hand hygiene, covering their cough, maintaining social distancing) ● Actions the facility is taking to keep them safe (e.g., visitor restrictions, changes in PPE, canceling group activities and communal dining) 		
Facility assesses residents for fever and symptoms of respiratory infection upon admission and at least daily throughout their stay in the facility. <ul style="list-style-type: none"> ● Residents with suspected respiratory infection are immediately placed in appropriate Transmission-Based Precautions. ● Facility knows that Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include: new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is circulating in the community. 		
Facility has taken action to stop group activities inside the facility and field trips outside of the facility.		
Facility has taken action to stop communal dining.		
Facility has residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving		

hemodialysis or chemotherapy) wear a facemask whenever they leave their room, including for procedures outside of the facility.		
<p>Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community (some facilities may choose to implement these earlier)</p> <ul style="list-style-type: none"> Residents are encouraged to remain in their room. If there are cases in the facility, residents are restricted (to the extent possible) to their rooms except for medically necessary purposes. If residents leave their room, they wear a facemask, perform hand hygiene, limit movement in the facility and perform social distancing. Consider implementing protocols for cohorting ill residents with dedicated HCP. Facility has implemented universal use of facemasks for HCP (for source control) while in the facility. If facemasks are in short supply, they are prioritized for direct care personnel. 		
Availability of PPE and Other Supplies		
Elements to be assessed	Assessment	Notes/Areas for Improvement
Facility has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand rub, EPA-registered disinfectants, tissues).		
<p>If PPE shortages are identified or anticipated, facility has engaged their healthcare coalition for assistance.</p> <p>https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx</p>		
<p>Facility has implemented measures to optimize current PPE supplies, which include options for extended use, reuse, and alternatives to PPE.</p> <p>For example, under extended use, the same facemask and eye protection may be worn during the care of more than one resident. Gowns could be prioritized for select activities such as activities where splashes and sprays are anticipated (including aerosol generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of HCP.</p> <p>Additional options and details are available here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</p>		
<p>Hand hygiene supplies are available in all resident care areas.</p> <ul style="list-style-type: none"> Alcohol-based hand sanitizer* with 60-95% alcohol is available in every resident room and other resident care and common areas. 		

<ul style="list-style-type: none"> Sinks are stocked with soap and paper towels. <p>*If there are shortages of ABHS, hand hygiene using soap and water is still expected.</p>		
<p>PPE is available in resident care areas (e.g., outside resident rooms). PPE includes: gloves, gowns, facemasks, N-95 or higher-level respirators (if facility has a respiratory protection program and HCP are fit-tested) and eye protection (face shield or goggles).</p>		
<p>EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.</p> <p>*See EPA List N: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2</p>		
<p>Tissues are available in common areas and resident rooms for respiratory hygiene and cough etiquette and source control.</p>		
Infection Prevention and Control Practices		
Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>HCP perform hand hygiene in the following situations:</p> <ul style="list-style-type: none"> Before resident contact, even if PPE is worn After contact with the resident After contact with blood, body fluids or contaminated surfaces or equipment Before performing sterile procedure After removing PPE 		
<p>HCP wear the following PPE when caring for residents with confirmed or suspected COVID-19:</p> <ul style="list-style-type: none"> Gloves Isolation gown Facemask (or N95 respirator if available and fit tested) Eye protection (e.g., goggles or face shield) 		
<p>PPE are removed in a manner to prevent self-contamination, hand hygiene is performed, and new PPE are put on after each resident except as noted below.</p>		
<p>Non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use.</p>		
<p>EPA-registered disinfectants are prepared and used in accordance with label instructions.</p>		
Communication		
Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>Facility communicates information about known or suspected COVID-19 patients to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities.</p>		
<p>Facility notifies the health department about any of the following:</p>		

<ul style="list-style-type: none">• COVID-19 is suspected or confirmed in a resident or healthcare provider• A resident has severe respiratory infection• A cluster (e.g., ≥ 3 residents or HCP with new-onset respiratory symptoms over 72 hours) of residents or HCP with symptoms of respiratory infection is identified.		
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