

Facility Name:

Date of Assessment:

Name of person conducting assessment:

Number of staff involved in infection prevention and control: _____

What is your current process and training around hand hygiene?

- Evaluate hand sanitizer locations:
Inside room _____ Outside room _____ Facility Entrances _____

- Common areas: _____

What is your current process for training staff on hand hygiene and PPE? Have you done any recent training?

How many do you currently have on site?

- Masks:
 - Gowns:
 - Face shield:
 - Goggles:
 - Gloves:
- How many of each would you need, to have enough supplies (using one complete set of PPE for each patient care encounter: 1 mask, 1 gown, 1 face shield, 2 gloves) for double your current number of residents in the facility for 5-7 days? Use the answers to estimate how long your PPE can last, per Appendix of this document.

What is your current plan for maximizing these PPE resources? (See Appendix)

Do you have places to discard PPE? Inside room: _____ Outside rooms: _____

What is your process for monitoring hand hygiene adherence?

What is your process for monitoring PPE adherence?

What is your process around cleaning and disinfecting in areas with symptomatic residents? (Discuss with EVS)

What is your process for use and cleaning and disinfecting of shared medical equipment? (Discuss with EVS and front-line nursing staff)

What is your current process for monitoring & documenting residents for symptoms?

- Recommend temp check, pulse oximetry (if available) and symptom checks in every shift
- Consider checking pulse oximetry for residents (prioritizing residents with respiratory symptoms)
- Recommend temp check and symptom screen for all employees at start of shift (at the minimum).

What is your current screening process for visitors?

- Recommend single entry for all visitors, limiting visitation to general public

Walk through the facility and document any infection control issues (IPC infrastructure, observations, training needs)

Appendix

Facilities need to anticipate and monitor their PPE usage to (1) place new orders before running out, (2) understand the impact of changing PPE use requirements, and (3) predict the impact of increased patient census requiring enhanced PPE practices, and (4) anticipate the need to implement PPE use optimization strategies (including 'batching' care provision to decrease the number of times a HCW enters a patient room needing full PPE) and extending the life of limited existing supplies. Here are two approaches to help you plan PPE usage:

The first approach is to:

- check item counts in each PPE category (gloves, gowns, face shields or goggles, and mask or respirator) over several days (or extract historic information from electronic inventory systems if available),
- determine average daily consumption of each, and
- divide the result into total current PPE item counts to estimate the # days of remaining supply in each PPE category.
- The strength of this approach is that it reflects true historic consumption, but each facility will need to factor in potential increases in COVID-19 patient census to predict future PPE needs.

The second approach helps predict future PPE needs and provides a basis for discussing the impact of PPE optimization strategies like batching care tasks together to minimize the number of HCW entries into a patient room thus reducing the amount of PPE used without compromising patient care:

- Determine the 'typical' number of patient room entries made each shift by each category of caregiver. **For example**, RN = 4x/shift, CNA = 15x/shift, housekeeper = 1x/shift, food service = 2x/shift = 22 separate patient room entries thus 22 complete PPE ensembles needed per shift under 'typical' circumstances.
- Multiply those numbers by the number of shifts in a day: 22 PPE sets x 3 shifts per day = 66 sets of PPE per day
- Multiply that result by the number of each PPE element required for each patient room entry:
 - Total PPE needed for 1 day of patient care: 66 gowns, 66 isolation masks or N95 respirators, 66 face shields, 132 gloves.
 - This result is the estimated total amount of PPE needed to care for a COVID-19 patient or PUI for one day.
- By batching care and minimizing room entries, the total amount of PPE consumed can dramatically be reduced:
 - For example: If the CNA can combine tasks while in the room, perhaps the number of entries per shift could be reduced, for the purposes of illustration here, from 15 to 10.
 - If either the nurse or CNA can take in the food and remove the trash, two more room entries per shift could be eliminated for this example.
 - A reduction of room entries per shift from 22 to 14 would result in >35% reduction in daily PPE use per patient.

CDC has published guidance on strategies for optimizing the supply of personal protective equipment (PPE), available on the CDC website [here](#).