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.

The assessment focuses on the following priorities, which should be implemented by all nursing homes.

- **Keep COVID-19 from entering your facility:**
  - Restrict all visitors except for compassionate care situations (e.g., end of life).
  - Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber).
  - Actively screen all HCP for fever and respiratory symptoms before starting each shift; send them home if they are ill.
  - Cancel all field trips outside of the facility.
  - Have residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis) wear a facemask whenever they leave their room, including for procedures outside of the facility.
- **Identify infections early:**
  - Actively screen all residents at least daily for fever and respiratory symptoms; immediately isolate anyone who is symptomatic.
    - 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.
  - Notify the health department if: severe respiratory infection, clusters (≥3 residents and/or HCP) of respiratory infection, or individuals with known or suspected COVID-19 are identified.
- **Prevent spread of COVID-19:**
  - Cancel all group activities and communal dining.
  - Enforce social distancing among residents.
  - When COVID-19 is reported in the community, implement universal facemask use by all HCP (source control) when they enter the facility;
    - If facemasks are in short supply, they should be prioritized for direct care personnel. All HCP should be reminded to practice social distancing when in break rooms or common areas.
  - If COVID-19 is identified in the facility, restrict all residents to their room and have HCP wear all recommended PPE for all resident care, regardless of the presence of symptoms. Refer to strategies for optimizing PPE when shortages exist.
    - This approach is recommended to account for residents who are infected but not manifesting symptoms. Recent experience suggests that a substantial proportion of long-term care residents with COVID-19 do not demonstrate symptoms.
    - When a case is identified, public health can help inform decisions about testing asymptomatic residents on the unit and in the facility.
- **Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply:**

- For example, extended use of facemasks and eye protection or prioritization of gowns for certain resident care activities
    - https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

- **Identify and manage severe illness:**
    - Facility performs appropriate monitoring of ill residents (including documentation of pulse oximetry) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.

Which of the following situations apply to the facility? (Select all that apply)

□ No cases of COVID-19 currently reported in their community
□ Cases reported in their community
□ Sustained transmission reported in their community
□ Cases identified in their facility (either among HCP or residents)

How many days supply does the facility have of the following PPE and alcohol-based hand sanitizer (ABHS)?

Facemasks:
N-95 or higher-level respirators:
Isolation gowns:
Eye protection:
Gloves:
ABHS:

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: • 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:		

• 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:
  ○ Hand hygiene,
  ○ Selection and use including donning and doffing PPE,
  ○ Cleaning and disinfecting environmental surfaces and resident care equipment
• Any changes to usual policies/procedures in response to PPE or staffing shortages		

Facility keeps a list of symptomatic HCP.		
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). • If they are ill, they are instructed to put on a facemask and return home.		
Non-essential personnel including volunteers and non-essential consultant personnel (e.g., barbers) are restricted from entering the building.		
Education, monitoring, and screening of residents		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
Facility has provided education to residents about the following: • 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. • Residents with suspected respiratory infection are immediately placed in appropriate Transmission-Based Precautions. • 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 performs appropriate monitoring of ill residents (including documentation of pulse oximetry) at least 3 times daily to quickly		

identify residents who require transfer to a higher level of care.		
Facility keeps a list of symptomatic residents.		
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. • Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator (or facemask if not available)) for the care of these residents, regardless of presence of symptoms (if PPE supply allows). Refer to strategies for optimizing PPE when shortages exist.		
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) • 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.		
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).		
If PPE shortages are identified or anticipated, facility has engaged their healthcare coalition for assistance. https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx		
Facility has implemented measures to optimize current PPE supplies, which include options for extended use, reuse, and alternatives to PPE. 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. Additional options and details are available here:		

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html		
Hand hygiene supplies are available in all resident care areas. • Alcohol-based hand sanitizer* with 60-95% alcohol is available in every resident room and other resident care and common areas. • Sinks are stocked with soap and paper towels. *If there are shortages of ABHS, hand hygiene using soap and water is still expected.		
PPE is available in resident care areas (e.g., outside resident rooms). PPE includes: gloves, gowns, facemasks, N-95 of higher-level respirators (if facility has a respiratory protection program and HCP are fit-tested) and eye protection (face shield or goggles).		
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. *See EPA List N: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2		
Tissues are available in common areas and resident rooms for respiratory hygiene and cough etiquette and source control.		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
HCP perform hand hygiene in the following situations: • 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		
HCP wear the following PPE when caring for residents with undiagnosed respiratory illness unless the suspected diagnosis required Airborne Precautions (e.g., tuberculosis): • Gloves • Isolation gown • Facemask • Eye protection (e.g., goggles or face shield) If COVID-19 is suspected, an N-95 or higher-level respirator is preferred, if available and the facility has a respiratory protection program with fit-tested HCP; facemasks are an acceptable alternative.		
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.		
Additional actions when COVID-19 is identified in the community (some facilities may choose to implement these earlier)		

• 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. All HCP are reminded to practice social distancing when in break rooms or common areas.		
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) • Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator (or facemask if not available)) for the care of all residents, regardless of presence of symptoms. This is done (if PPE supply allows) when COVID-19 is identified in the facility. Refer to strategies for optimizing PPE when shortages exist. This approach is recommended to account for residents who are infected but not manifesting symptoms. Recent experience suggests that a substantial proportion of long-term care residents with COVID-19 do not demonstrate symptoms.		
Non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use.		
EPA-registered disinfectants are prepared and used in accordance with label instructions.		
Communication		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
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.		
Facility notifies the health department about any of the following: • 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.		