NURSING HOME COVID-19 INFECTION CONTROL ASSESSMENT AND RESPONSE (ICAR) TOOL FACILITATOR GUIDE

| VERSION 3.0 |

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 **ten 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 time 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 2-9: 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, SARS-CoV-2 testing, and evaluation of healthcare personnel, residents and visitors.

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
- 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.

Section 10: Is intended for use during an in-person or video tour of the facility and includes 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.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Contents

Section 1. Facility Demographics and Critical Infrastructure

This section should be completed 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). 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 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 current level of community transmission in the county where the facility is located, which will be important for some of the elements being assessed. The level of community transmission can be found at https://covid.cdc.gov/covid-data-tracker/#county-view.
>
> The facility is also asked to report the level of community transmission in **question 10** below.

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 example, on dementia/memory care units, numerous residents may have difficulty following IPC practices such as mask wearing and physical 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.

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 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 semi-private 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): _____

8e. Number of ancillary personnel (physical therapy, nutrition services, etc.): _____

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.

"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, 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).

Source: https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/appendix/terminology.html

9. In the last 6 months, has the facility had **any** IPC 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 IPC 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 level of SARS-CoV-2 transmission in the county where your facility is located?

◯ Low ◯ Moderate ◯ Substantial ◯ High ◯ Unknown

The level of community transmission directs the frequency of viral screening testing for unvaccinated HCP and the universal PPE use recommendations for HCP. Source control recommendations have also been updated "to address limited situations for healthcare facilities in counties with low to moderate community transmission where select fully vaccinated individuals could choose not to wear source control. However, in general, the safest practice is for everyone in a healthcare setting to wear source control."

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

Table 1. Determining Transmission Risk

If the two indicators suggest different transmission levels, the higher level is selected

Indicator	Low	Moderate	Substantial	High
New cases per 100,00 persons in the past 7 days	<10	10-49.99	50-99.99	≥100
Percentange of positive NAATs tests during the past 7 days	<5%	5-7.99%	8-9.99%	≥10.0%

Two different indicators in CDC's COVID-19 Data Tracker allow healthcare facilities to determine the level of SARS-CoV-2 transmission for the county where they are located. If the two indicators suggest different transmission levels, the higher level is used.

Per CMS requirements, the frequency of viral screening testing for unvaccinated HCP should be determined by the level of community transmission in the county where the facility is located, which can be found at https://data.cms.gov/covid-19/covid-19-nursing-home-data

Table 2. Routine Testing Intervals by County COVID-19 Level of Community Transmission

Level of COVID-19 **Community** Transmission	Minimum Testing Frequency of Unvaccinated Staff‡
Low *(blue)*	Not recommended
Moderate *(yellow)*	Once a week*
Substantial *(orange)*	Twice a week*
High *(red)*	Twice a week*

‡Vaccinated staff do not need to be routinely tested.

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

Sources:

https://covid.cdc.gov/covid-data-tracker/#county-view

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

11. Has your facility had any residents with SARS-CoV-2 infection (asymptomatic or symptomatic) *in the previous 90 days*?

◯ Yes ◯ No ◯ Unknown

If YES,

11a. 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): _____

11b. Date *most recent* resident(s) with SARS-CoV-2 infection had a positive viral test (asymptomatic or symptomatic): _____

11c. Total number of residents with at least one positive viral test for SARS-CoV-2 in the previous 90 days (include those diagnosed both at the facility and at other locations): _____

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 a small number of 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), a jurisdiction should modify this tool to better fit its response needs. For example, some areas that may require tool modification could include but are not limited to: More time dedicated to understanding the current outbreak epidemiology (e.g., affected units, number of exposed HCP and residents); 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.

12. What proportion of your residents are fully vaccinated against SARS-CoV-2?

◯ Greater than 90% ◯ Between 50-90% ◯ Less than 50% ◯ None ◯ Unknown

This question aims to quantify the proportion of residents that are fully vaccinated.

CDC considers "people fully vaccinated for COVID-19 ≥2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥2 weeks after they have received a single-dose vaccine (Johnson & Johnson's Janssen). There is currently no post-vaccination time limit on fully vaccinated status. People are considered not fully vaccinated if they have not completed a two-dose vaccination series or have not received a single-dose vaccine, regardless of age."

Please see accompanying link for current definitions of fully vaccinated.

Source:

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

13. Has your facility had any HCP with SARS-CoV-2 infection (asymptomatic or symptomatic) *in the previous 90 days*?

◯ Yes ◯ No ◯ Unknown

If YES,

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

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

13c. Total number of HCP with at least one positive viral test for SARS-CoV-2 in the previous 90 days: _____

This question aims to quantify the number of currently infected HCP who have recently worked at the facility. Depending upon factors such as current HCP case numbers, HCP epidemiological links, and the presence of concurrent resident infections, an on-site visit may be more appropriate if an outbreak is suspected.

"In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction if they have been fully vaccinated or if they have recovered from SARS-CoV-2 infection in the prior 90 days."

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

14. What proportion of your HCP are fully vaccinated against SARS-CoV-2?

- ◯ Greater than 90%
- ◯ Between 50-90%
- ◯ Less than 50%
- ◯ None
- ◯ Unknown

This question aims to quantify the proportion of HCP that are fully vaccinated. Please see accompanying link for current definitions of fully vaccinated.

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

15. If facility PPE supply and demand remains in its current state, with conventional use of PPE, do you have greater than 2 weeks supply of the following?

Eye protection (face shields or goggles)

◯ Yes ◯ No ◯ Unknown

Facemasks

◯ Yes ◯ No ◯ Unknown

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

◯ Yes ◯ No ◯ Unknown

Elastomeric respirators

◯ Yes ◯ No ◯ Unknown ◯ N/A

Powered air purifying respirators (PAPR)

◯ Yes ◯ No ◯ Unknown ◯ N/A

Gowns

◯ Yes ◯ No ◯ Unknown

Gloves

◯ Yes ◯ No ◯ Unknown

This question gives the facilitator a sense of the facility's current estimated PPE 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

16. List the EPA registration numbers for cleaning and disinfection products used in the facility (if one product is used to clean and another to disinfect, list both products):

16a. For high touch surfaces in resident rooms: _____

16b. For high touch surfaces in common areas: _____

16c. For shared, non-disposable resident equipment: _____

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

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

NOTES

Sections 2-9 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.**

17. 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.

18. Are there any successes or lessons learned that you would like to share?

This question may be used to identify areas in which the facility has successfully faced and addressed challenges.

Section 2. Routine Infection Prevention Practices During the COVID-19 Pandemic

2.A. Source Control, Physical Distancing, and Universal Use of Personal Protective Equipment

19. Can the facility describe what is meant by source control?

○ Yes ○ No ○ Not assessed

"Source control refers to use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing."

"Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting."

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

20. What options for source control are used by HCP while at the facility (please select all that apply)?

- ☐ NIOSH-approved N95 respirator
- ☐ A respirator approved under standards used in other countries (e.g., KN95)
- ☐ A well-fitting facemask
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Source control options for HCP include:

- A NIOSH-approved N95 or equivalent or higher-level respirator OR
- A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators (note: these should not be used instead of a NIOSH-approved respirator when respiratory protection is indicated) OR
- A well-fitting facemask."

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

21. When do HCP discard their source control (please select all that apply)?

- ☐ Whenever it is removed during the shift (e.g., for breaks)
- ☐ Whenever soiled, damaged, or hard to breathe through
- ☐ At the end of a shift
- ☐ Source control is discarded, and PPE is donned when indicated by patient factors (e.g., caring for a patient with COVID-19)
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

In general, when used solely for source control, any of the options listed above could be used **until they are removed for any reason.** They should also be removed and discarded whenever they become soiled, damaged, or hard to breathe through. "If they are used during the care of a patient for which a NIOSH-approved respirator or facemask is indicated for personal protective equipment (PPE) (e.g., NIOSH-approved N95 or equivalent or higher-level respirator during the care of a patient with SARS-CoV-2 infection, facemask during a surgical procedure or during care of a patient on Droplet Precautions), they should be removed and discarded after the patient care encounter and a new one should be donned."

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

22. Do HCP always wear source control when they are in areas of the facility in which they could encounter residents?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

In general, "While it is generally safest to implement universal use of source control for everyone in a healthcare setting, the following allowances could be considered for **fully vaccinated individuals** in healthcare **facilities located in counties with low to moderate community transmission**. Fully vaccinated people might choose to continue using source control if they or someone in their household is immunocompromised or at increased risk for severe disease, or if someone in their household is unvaccinated.

Fully vaccinated HCP:

- Consistent with guidance for the community could choose not to wear source control or physically distance when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms, kitchen).
- They **should wear source control** when they are in areas of the healthcare facility where they could encounter patients (e.g., hospital cafeteria, common halls/corridors)."

Sources:

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

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

23. Are there any circumstances in which HCP might choose to NOT use source control?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

If YES,

23a. With which of the following criteria in place (please select all that apply)?

☐ Community transmission is low or moderate
☐ HCP are fully vaccinated
☐ Source control is removed only in well-defined areas not accessed by residents (e.g., break rooms)
☐ Other, please specify:_____
☐ Unknown
☐ Not assessed

"While it is generally safest to implement universal use of source control for everyone in a healthcare setting, the following allowances could be considered for fully vaccinated individuals in healthcare facilities **located in counties with low to moderate community transmission.**

Fully vaccinated HCP:

- Consistent with guidance for the community could choose not to wear source control or physically distance when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms, kitchen).
  - » They **should wear source control** when they are in areas of the healthcare facility where they could encounter patients (e.g., hospital cafeteria, common halls/corridors)."

Sources:

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

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

24. When transmission in the community is **substantial or high**, do HCP always wear eye protection during resident care activities?

◯ Yes ◯ Unknown
◯ No ◯ Not assessed

"Implement Universal Use of Personal Protective Equipment for HCP

If SARS-CoV-2 infection is not suspected in a [resident] presenting for care (based on symptom and exposure history), HCP working in facilities located in counties with **substantial or high transmission** should also use PPE as described below:

Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all [resident] care encounters."

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

25. When transmission in the community is **substantial or high**, do HCP wear a NIOSH-approved N95 or equivalent or higher respirator when aerosol generating procedures are being performed?

◯ Yes ◯ No aerosol generating procedures performed ◯ Not assessed
◯ No ◯ Unknown

"If SARS-CoV-2 infection is not suspected in a [resident] presenting for care (based on symptom and exposure history), HCP working in facilities located in counties with **substantial or high transmission** should also use PPE as described below:

- NIOSH-approved N95 or equivalent or higher-level respirators should be used for:
  - » All aerosol-generating procedures (refer to Which procedures are considered aerosol generating procedures in healthcare settings?)"

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

26. How is physical distancing of HCP being encouraged (please select all that apply)?

- ☐ Breaks are scheduled
- ☐ Seating in breakrooms or meeting rooms is limited to allow for physical distancing
- ☐ Audits of breakrooms to ensure compliance
- ☐ Other, please specify: _____
- ☐ Physical distancing of HCP is not being encouraged
- ☐ Unknown
- ☐ Not assessed

In general, "Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for **everyone in a healthcare setting**. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission or who have (including areas with lower levels of transmission):

- Not been fully vaccinated; or
- Suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
- Had close contact ([resident] and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection for 14 days after their exposure, including those residing or working in areas of a healthcare facility experiencing SARS-CoV-2 transmission (i.e., outbreak); or
- Moderate to severe immunocompromise; or otherwise had source control and physical distancing recommended by public health authorities."

Routine auditing of physical 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/infection-control-recommendations.html

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

27. Do residents use source control?

○ Yes ○ No ○ Unknown ○ Not assessed

In general, "Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for **everyone in a healthcare setting**."

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

If YES,

27a. Are there certain times or certain residents that might NOT be required to use source control?

○ Yes ○ No ○ Unknown ○ Not assessed

If YES,

27b. How does the facility determine which residents are NOT required to wear source control (please select all that apply)?

- ☐ Fully vaccinated residents
- ☐ Residents not suspected or confirmed to have SARS-CoV-2
- ☐ Residents that have not had close contact with someone with SARS-CoV-2 infection in the previous 14 days
- ☐ Residents that are not moderately or severely immunocompromised
- ☐ Residents that are NOT at increased risk for severe disease
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

27c. When might residents NOT be required to use source control (please select all that apply)?

- ☐ When community transmission is low to moderate
- ☐ When in their room
- ☐ In communal areas with other fully vaccinated residents
- ☐ During indoor visitation with fully vaccinated visitors
- ☐ During outdoor visitation with fully vaccinated visitors
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"While it is generally safest to implement universal use of source control for everyone in a healthcare setting, the following allowances could be considered for **fully vaccinated individuals** [who do not meet criteria listed below] in healthcare facilities located **in counties with low to moderate community transmission**."

"Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for **everyone in a healthcare setting," regardless of vaccination status or level of community transmission**. "This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission or who have:

- Not been fully vaccinated; or
- Suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
- Had close contact ([residents] and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection for 14 days after their exposure, including those residing or working in areas of a healthcare facility experiencing SARS-CoV-2 transmission (i.e., outbreak); or
- Moderate to severe immunocompromise; or
- Otherwise had source control and physical distancing recommended by public health authorities.

. . . Fully vaccinated people might choose to continue using source control if they or someone in their household is immunocompromised or at increased risk for severe disease, or if someone in their household is unvaccinated."

Sources:

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

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

[Resident] Visitation:

- **Indoor visitation** (in single-person rooms; in multi-person rooms, when roommates are not present; or in designated visitation areas when others are not present): The safest practice is for [residents] and visitors to wear source control and physically distance, particularly if either of them are at risk for severe disease or are unvaccinated.
  - » If the [resident] and all their visitor(s) are fully vaccinated, they can choose not to wear source control and to have physical contact.
  - » Visitors should wear source control when around other residents or HCP, regardless of vaccination status.
- **Outdoor Visitation:** [Residents] and their visitors should follow the source control and physical distancing recommendations for outdoor settings described in the Interim Public Health Recommendations for Fully Vaccinated People.

Fully Vaccinated Residents in Nursing Homes in Areas of Low to Moderate Transmission:

  - » Nursing homes are healthcare settings, but they also serve as a home for long-stay residents and quality of life should be balanced with risks for transmission. In light of this, consideration could be given to allowing **fully vaccinated residents** to not use source control when in communal areas of the facility; however, residents at increased risk for severe disease should still consider continuing to practice physical distancing and use of source control."

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

28. Does the facility have a process for identifying residents at risk for severe disease?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

If YES,

28a. Please describe this process:

"Older adults are more likely to get severely ill from COVID-19. More than 80% of COVID-19 deaths occur in people over age 65, and more than 95% of COVID-19 deaths occur in people older than 45."

Source: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html

29. Do **visitors, vendors, and contractors** (i.e., all those entering the facility) always wear source control?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for **everyone in a healthcare setting**."

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

If YES,

29a. Are there any circumstances in which **visitors** are **NOT** required to use source control?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

If YES,

29b. With which of the following criteria in place (please select all that apply)?

- ☐ Community transmission is low or moderate
- ☐ Visitors are fully vaccinated
- ☐ Resident is fully vaccinated
- ☐ Resident is not suspected or confirmed to have SARS-CoV-2
- ☐ Resident has not had close contact with someone with SARS-CoV-2 infection in the previous 14 days
- ☐ Visitors have not had close contact with someone with SARS-CoV-2 infection in the previous 14 days
- ☐ Resident is not moderately or severely immunocompromised
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"While it is generally safest to implement universal use of source control for everyone in a healthcare setting, the following allowances could be considered for **fully vaccinated individuals** in healthcare facilities located in counties with **low to moderate community transmission**. Fully vaccinated people might choose to continue using source control if they or someone in their household is immunocompromised or at increased risk for severe disease, or if someone in their household is unvaccinated."

"Indoor visitation (in single-person rooms; in multi-person rooms, when roommates are not present; or in designated visitation areas when others are not present): The safest practice is for [residents] and visitors to wear source control and physically distance, particularly if either of them are at risk for severe disease or are unvaccinated.

- If the[resident] and all their visitor(s) are fully vaccinated, they can choose not to wear source control and to have physical contact.
- **Visitors should wear source control when around other residents or HCP, regardless of vaccination status."**

Please see link below for current definitions of fully vaccinated.

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

Sources:

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

https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

NOTES

2.B. Visitation Policies and Procedures

30. Has the facility provided updated information about visitation to families of residents?

○ Yes ○ No ○ Unknown ○ Not assessed

30a. When was the visitation plan/information last updated?

_____

"Have a Plan for Visitation

Send letters or emails to families and post signs at entrances reminding them of the importance of getting vaccinated, recommendations for source control and physical distancing and any other facility instructions related to visitation, including not to visit if they have any of the following:

- a positive viral test for SARS-CoV-2,
- symptoms of COVID-19, or
- if they currently meet criteria for quarantine

Facilitate and encourage alternative methods for visitation (e.g., video conferencing) and communication with the resident."

Sources:

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

https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

31. How does the facility encourage visitor adherence to SARS-CoV-2 IPC measures (please select all that apply)?

☐ Visitor movement in the facility is limited (i.e., visitors go directly to visit the resident)

☐ Visits are scheduled so that the facility can maintain physical distancing

☐ Visits occur in a designated area

☐ If in-room visits occur, the facility attempts to maintain requirements for physical distancing

☐ Visitors are not monitored

☐ Other, please specify: _____

☐ Unknown

☐ Not assessed

[Resident] Visitation:

- **Indoor visitation (in single-person rooms; in multi-person rooms, when roommates are not present; or in designated visitation areas when others are not present):** The safest practice is for [residents] and visitors to wear source control and physically distance, particularly if either of them are at risk for severe disease or are unvaccinated.
  - » If the [resident] and all their visitor(s) are fully vaccinated, they can choose not to wear source control and to have physical contact.
  - » Visitors should wear source control when around other residents or HCP, regardless of vaccination status.
- **Outdoor Visitation**: [Residents] and their visitors should follow the source control and physical distancing recommendations for outdoor settings described in the Interim Public Health Recommendations for Fully Vaccinated People.

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

NOTES

Section 3. Infection Prevention and Control Program

3.A. The Infection Prevention Program

32. 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

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

- This 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 IPC risk assessment.
- CDC has created an online training course that can orient individuals to this role in nursing homes."

Sources:

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

https://www.train.org/cdctrain/training_plan/3814

If YES,

32a. 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 IPC 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

32b. Does the Infection Preventionist have other ongoing job duties?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

If YES,

32c. Please specify:

_____

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 IPC risk assessment."

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

NOTES

3.B. Hand Hygiene

33. Does the facility encourage the use of alcohol-based hand sanitizer with 60-95% alcohol 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

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

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

If NO,

34a. 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

"Put FDA-approved alcohol-based hand sanitizer with 60-95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym)."

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

35. 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
◯ No
◯ Other
◯ Unknown
◯ Not assessed

35a. If *OTHER*, please specify:

"Put FDA-approved alcohol-based hand sanitizer with 60-95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym)."

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

36. 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."

"Make sure that sinks are well-stocked with soap and paper towels for handwashing."

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

3.C. Environmental Cleaning and Disinfection

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

◯ Yes ◯ No ◯ 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

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

◯ Yes ◯ No ◯ Not assessed

The respondent should either accurately state the contact time or consult the label instructions for use. The label instructions may include multiple organisms of interest. Consulting List N prior to the call may help the facilitator be familiar with label instructions specific to inactivation of SARS-CoV-2.

39. 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

40. 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

"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

If YES,

40a. Which agents require preparation prior to use?

40b. Who is preparing these agents (please select all that apply)?

- ☐ Environmental services (EVS) supervisor
- ☐ Individual EVS staff
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ 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.

40c. 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.

40d. 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.

40e. How long does the facility store agents that require preparation?

- ◯ Stored for 24 hours
- ◯ Less than 24 hours
- ◯ More than 24 hours
- ◯ Unknown
- ◯ Not assessed

"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

NOTES

Section 4. Evaluating and Managing Healthcare Personnel (HCP) and Visitors

4.A. Evaluating and Managing Healthcare Personnel (HCP)

41. What is the facility process for screening **HCP** when they arrive for their shift?

- ☐ Individual screening on arrival
- ☐ Electronic monitoring system
- ☐ Self-monitoring with attestation
- ☐ Other, please specify: _____
- ☐ The facility does not screen HCP
- ☐ Unknown
- ☐ Not assessed

"Establish a process to identify anyone entering the facility, regardless of their vaccination status, who has any of the following so that they can be properly managed:

1. a positive viral test for SARS-CoV-2,
2. symptoms of COVID-19, or
3. who meets criteria for quarantine or exclusion from work.

Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which individuals can self-report any of the above before entering the facility."

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

42. Are all HCP, even those that are fully vaccinated, assessed for the presence of any of the following elements before each work shift (please select all that apply)?

- ☐ A positive viral test for SARS-CoV-2 within the previous 10 days
- ☐ Symptoms of COVID-19
- ☐ High risk exposures for which quarantine or exclusion from work are recommended
- ☐ Other, please specify: _____
- ☐ HCP not assessed before each work shift
- ☐ Unknown
- ☐ Not assessed

"Establish a process to identify anyone entering the facility, regardless of their vaccination status, who has any of the following so that they can be properly managed:

1. a positive viral test for SARS-CoV-2,
2. symptoms of COVID-19, or
3. who meets criteria for quarantine or exclusion from work."

"Healthcare personnel (HCP), even if fully vaccinated, should report any of the 3 above criteria to occupational health or another point of contact designated by the facility. Recommendations for evaluation and work restriction of these HCP are in the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2"

Please see link below for current definitions of fully vaccinated.

Source: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

Sources:

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

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

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

43. What symptoms of SARS-CoV-2 infection are included in screening of HCP (please select all that apply)?

- ☐ Fever or 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
- ☐ 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."

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

NOTES

4.B. Healthcare Personnel Return to Work

44. When would the facility allow HCP with SARS-CoV-2 infection that remained **asymptomatic** **AND** who are **not** moderately to severely immunocompromised to return to work (please select all that apply)?

- ☐ 10 days have passed since the date of their first positive viral diagnostic test (if not moderately to severely immunocompromised)
- ☐ Using a test-based strategy
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

HCP who were **asymptomatic** throughout their infection **and are *not* moderately to severely immunocompromised** may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test for SARS-CoV-2.

" Immunocompromised: For the purposes of this guidance, moderate to severely immunocompromising conditions include, but might not be limited to, those defined in the Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC.

- Ultimately, the degree of immunocompromise for the healthcare provider 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/guidance-risk-assesment-hcp.html

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

45. When would the facility allow HCP with SARS-CoV-2 infection with **mild to moderate illness** **AND** who are ***not*** *moderately to severely immunocompromised* to return to work (please select all that apply)?

- ☐ At least 10 days have passed *since symptoms first appeared*
- ☐ At least 24 hours have passed *since last* fever without the use of fever-reducing medications
- ☐ Symptoms (e.g., cough, shortness of breath) have improved
- ☐ A test-based strategy
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"A symptom-based strategy for determining when HCP with SARS-CoV-2 infection could return to work is preferred in most clinical situations.

The criteria for the symptom-based strategy are:

- HCP with **mild to moderate illness** who are ***not*** moderately to 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

"**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."

"Immunocompromised: For the purposes of this guidance, moderate to severely immunocompromising conditions include, but might not be limited to, those defined in the Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC.

- Other factors, such as end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about need for work restriction if the healthcare provider had close contact with someone with SARS-CoV-2 infection. However, fully vaccinated people in this category should consider continuing to practice physical distancing and use of source control while in a healthcare facility, even when not otherwise recommended for fully vaccinated individuals.
- Ultimately, the degree of immunocompromise for the healthcare provider is determined by the treating provider, and preventive actions are tailored to each individual and situation."

For current definitions of fully vaccinated, please see Interim Public Health Recommendations for Fully Vaccinated People | CDC.

Sources:

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

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

46. When would the facility allow HCP with SARS-CoV-2 infection that had **severe to critical illness** **OR** who **are** moderately to severely immunocompromised return to work (please select all that apply)?

- ☐ At least 10 days and up to 20 days have passed *since symptoms first appeared*
- ☐ At least 24 hours have passed *since last* fever without the use of fever-reducing medications
- ☐ Symptoms (e.g., cough, shortness of breath) have improved
- ☐ Using a test-based strategy
- ☐ After consulting with an infectious disease physician
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"HCP with severe to critical illness or who are moderately to 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

HCP who are moderately to severely immunocompromised may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test. Consultation with infectious diseases specialists is recommended. Use of a test-based strategy could be considered in consultation with occupational health for determining when these HCP may return to work.

The exact criteria that determine which HCP will shed replication-competent virus for longer periods are not known. Disease severity factors and the presence of immunocompromising conditions should be considered when determining the appropriate duration for specific HCP. For example, HCP with characteristics of severe illness may be most appropriately managed by staying home for at least 15 days before return to work. Use of a test-based strategy, in consultation with infectious disease specialists and occupational health, for determining when HCP who are severely immunocompromised may return to work could be considered. Limitations of the test-based strategy are described elsewhere."

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

NOTES

4.C. Evaluating and Managing Visitors, Vendors, or Contractors

47. Does the process for evaluating visitors, vendors, or contractors include assessment for the presence of any of the following elements (please select all that apply)?

- ☐ A positive viral test for SARS-CoV-2 in the previous 10 days
- ☐ Symptoms of COVID-19
- ☐ High risk exposures for which quarantine or exclusion from work are recommended
- ☐ Visitors, vendors, or contractors not assessed before entering facility
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Establish a process to identify anyone entering the facility, regardless of their vaccination status, who has any of the following so that they can be properly managed:

1. a positive viral test for SARS-CoV-2,
2. symptoms of COVID-19, or
3. who meets criteria for quarantine or exclusion from work.

Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which individuals can self-report any of the above before entering the facility."

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

48. Does symptom screening for visitors, vendors, or contractors include the same symptoms as for HCP?

○ Yes ○ No ○ Unknown ○ Not assessed

"Establish a process to identify anyone entering the facility, regardless of their vaccination status, who has any of the following so that they can be properly managed:

1. a positive viral test for SARS-CoV-2,
2. symptoms of COVID-19, or
3. who meets criteria for quarantine or exclusion from work."

"Visitors meeting any of the 3 above criteria should generally be restricted from entering the facility until they have met criteria to end isolation or quarantine, respectively. Additional information about visitation for nursing homes and intermediate care facilities for individuals with intellectual disabilities and psychiatric residential treatment facilities is available from CMS."

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

NOTES

Section 5. Evaluating and Managing Residents

5.A. New Admissions, Readmissions, Residents that Leave the Facility

49. How does the facility determine where new admissions can be placed (please select all that apply)?

- ☐ New admissions with **confirmed SARS-CoV-2** who have **not met** criteria to discontinue Transmission-Based Precautions are placed in the COVID-19 care unit
- ☐ Unvaccinated new admissions and readmissions are placed in a 14-day quarantine, even if they test negative on admission
- ☐ New admissions that are fully vaccinated or within 90 days of a SARS-CoV-2 infection **are not** placed in quarantine
- ☐ All new admissions are quarantined with no exceptions
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Create a Plan for Managing New Admissions and Readmissions

- Residents with **confirmed SARS-CoV-2 infection** who have **not met** criteria to discontinue Transmission-Based Precautions should be placed in the designated COVID-19 care unit, regardless of vaccination status.
- In general, all unvaccinated residents who are new admissions and readmissions should be placed in a 14-day quarantine, even if they have a negative test upon admission.
  - » Facilities located in counties with low community transmission might elect to use a risk-based approach for determining which unvaccinated residents require quarantine upon admission. Decisions should be based on whether the resident had close contact with someone with SARS-CoV-2 infection while outside the facility and if there was consistent adherence to IPC practices in healthcare settings, during transportation, or in the community prior to admission.
- Fully vaccinated residents and residents within 90 days of a SARS-CoV-2 infection do not need to be placed in quarantine."

For current definitions of fully vaccinated, please see Interim Public Health Recommendations for Fully Vaccinated People | CDC.

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031505598

50. Are residents that leave the facility for more than 24 hours managed in the same way as new admissions and readmissions?

○ Yes ○ No ○ Unknown ○ Not assessed

"Residents who leave the facility for 24 hours or longer should generally be managed the same way as new admissions and readmissions (described in Section: Create a Plan for Managing New Admissions and Readmissions)."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031505598

51. What actions are taken when residents leave the facility (please select all that apply)?

- ☐ Residents are reminded to follow recommendations for source control, physical distancing and hand hygiene
- ☐ Those accompanying residents are educated about IPC practices
- ☐ Regular communication occurs with clinics that provide ongoing care to residents about potential exposures (either at the clinic or the nursing home)
- ☐ Other, please specify: _____
- ☐ No actions taken
- ☐ Unknown
- ☐ Not assessed

"Create a Plan for Residents who Leave the Facility

- Residents who leave the facility should be reminded to follow recommended IPC practices (e.g., source control, physical distancing, and hand hygiene) and to encourage those around them to do the same.
  - » Individuals accompanying residents (e.g., transport personnel, family members) should also be educated about these IPC practices and should assist the resident with adherence.
- For residents going to medical appointments, regular communication between the medical facility and the nursing home (in both directions) is essential to help identify residents with potential exposures or symptoms of COVID-19 before they enter the facility so that proper precautions can be implemented.
- In most circumstances, quarantine is not recommended for unvaccinated residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and do not have close contact with someone with SARS-CoV-2 infection.
  - » Quarantining residents who regularly leave the facility for medical appointments (e.g., dialysis, chemotherapy) would result in indefinite isolation of the resident that likely outweighs any potential benefits of quarantine."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031505598

NOTES

5.B Resident Monitoring

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

52a. Monitored at least daily?

○ Yes ○ No ○ Unknown ○ Not assessed

"Evaluate Residents At Least Daily

- Ask residents to report if they feel feverish or have symptoms consistent with COVID-19 or an acute respiratory infection.
- Actively monitor all residents upon admission and at least daily for fever (temperature ≥100.0°F) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement precautions described in Section: Manage Residents with Suspected or Confirmed SARS-CoV-2 Infection.
  - » Older adults with SARS-CoV-2 infection 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. Additionally, more than two temperatures >99.0°F might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for SARS-CoV-2 infection."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031113801

53. Are resident temperatures 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#anchor_1631031113801

54. How does the facility define fever (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

"Actively monitor all residents upon admission and at least daily for fever (temperature ≥100.0°F) and symptoms consistent with COVID-19."

"Older adults with SARS-CoV-2 infection 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. Additionally, more than two temperatures >99.0°F might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for SARS-CoV-2 infection."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031113801

55. Does the facility use pulse oximetry to measure oxygen saturation daily?

○ Yes ○ No ○ Unknown ○ Not assessed

"Ideally, include an assessment of oxygen saturation via pulse oximetry."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031113801

If YES,

55a. Are all personnel that measure oxygen saturation levels educated on when to alert nursing personnel to abnormal values?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

Personnel that are given responsibility to measure oxygen saturation should have training that includes when nursing personnel should be alerted to abnormal values

56. Are residents assessed for the same symptoms of SARS-CoV-2 as HCP and visitors?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Older adults with SARS-CoV-2 infection 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#anchor_1631031113801

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

NOTES

Section 6. Care of Residents Suspected or Confirmed to Have SARS-CoV-2 Infection

6.A. The COVID-19 Care Area

57. 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 ◯ Unknown ◯ Not assessed

If YES,

57a. Area is physically separated from rooms with residents not known to be infected.

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"The location of the COVID-19 care unit should ideally be physically separated from other rooms or units housing residents without confirmed SARS-CoV-2 infection. 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 SARS-CoV-2 infection."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031113801

57b. Are HCP providing care for SARS-CoV-2 residents dedicated to the COVID-19 care area?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Identify HCP who will be assigned to work only on the COVID-19 care unit when it is in use. At a minimum this should include the primary nursing assistants (NAs) and nurses assigned to care for these residents. If possible, HCP should avoid working on both the COVID-19 care unit and other units during the same shift. To the extent possible, restrict access of ancillary personnel (e.g., dietary) to the unit."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031113801

If YES,

57c. Are EVS staff (i.e., housekeepers) included among HCP dedicated to the COVID-19 care area?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Ideally, environmental services (EVS) staff should be dedicated to this unit, but to the extent possible, EVS staff should avoid working on both the COVID-19 care unit and other units during the same shift."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031113801

NOTES

6.B. Residents with Confirmed SARS-CoV-2 Infection

58. 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

"Determine the location of the COVID-19 care unit and create a staffing plan."

"The location of the COVID-19 care unit should ideally be physically separated from other rooms or units housing residents without confirmed SARS-CoV-2 infection. 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 SARS-CoV-2 infection."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031113801

59. 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

"Only residents with the same respiratory pathogen may be housed in the same room." For example, a resident with COVID-19 ideally should 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#anchor_1604360721943

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

- ◯ Fewer than three times a day
- ◯ At least three times a day
- ◯ Unknown
- ◯ Not assessed

"Increase monitoring of residents with suspected or confirmed SARS-CoV-2 infection, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to identify and quickly manage serious infections."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031113801

NOTES

6.C. PPE Use

61. What PPE do HCP wear when caring for a resident with suspected or confirmed SARS-CoV-2 infection (please select all that apply)?

- ☐ Gown
- ☐ Gloves
- ☐ Eye Protection
- ☐ NIOSH approved N95 or equivalent or higher respirator
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"HCP caring for residents with suspected or confirmed SARS-CoV-2 infection should use full PPE (gowns, gloves, eye protection, and a NIOSH-approved N95 or equivalent or higher-level respirator)."

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

62. Is all PPE readily available outside of the room of each resident on SARS-CoV-2 transmission-based precautions?

○ Yes ○ No ○ 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.

63. Where do HCP put on (don) PPE (please select all that apply)?

- ☐ Immediately prior to entering the room of a resident on transmission-based precautions for SARS-CoV-2
- ☐ Immediately prior to entering the COVID-19 care area
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

PPE should preferably be donned immediately prior to entering the resident room. Donning immediately prior to entering the COVID-19 care area may be appropriate if extended use of eye protection and disposable respirators is being practiced. Donning isolation gowns and gloves should be done immediately prior to entering the resident room.

64. Is alcohol-based hand sanitizer with 60-95% alcohol immediately available for HCP to use when donning or doffing PPE?

○ Yes ○ No ○ Unknown ○ Not assessed

Hand hygiene should be performed immediately prior to donning PPE and immediately after doffing PPE.

65. When do HCP remove (doff) PPE (please select all that apply)?

- ☐ Gloves and gown are removed and discarded (or placed in soiled linen if gown is launderable) immediately prior to exiting the resident room
- ☐ Eye protection (if use is not extended) is removed immediately outside the resident room
- ☐ Respirators (if use is not extended) are removed and discarded immediately outside the resident room
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

Following is one example of doffing, other procedures may be acceptable depending on facility policies and procedures.

1. **Remove gloves**. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle or place in soiled linen if gown is launderable.
3. Healthcare personnel may now **exit** resident room.
4. Perform **hand hygiene**.
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator.**
7. **Perform hand hygiene after removing the respirator.**

Source: https://www.cdc.gov/hai/prevent/ppe.html

66. Is PPE immediately discarded following use?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

Gowns and gloves should be doffed immediately prior to exiting the resident room and unless launderable, discarded into the regular waste. Disposable respirators should be doffed and discarded immediately after exiting the resident room. These may also be discarded in the regular waste. Reusable PPE (e.g., eye protection, powered air purifying respirators [PAPR]) should be properly cleaned and disinfected.

Source: https://www.cdc.gov/hai/prevent/ppe.html

67. Following removal of PPE, do HCP put on new source control?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for **everyone in a healthcare setting**."

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

68. Can the respondent 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**.

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html

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6.D. Respirators

69. Are all respirators that are used as PPE in the facility NIOSH approved?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Healthcare facilities should stop purchasing non-NIOSH approved respirators for use as respiratory protection and consider using any that have been stored for source control where respiratory protection is not needed. Respirators that were previously used and decontaminated should not be stored. We do not know the long-term stability of non-NIOSH approved respirators and respirators that have been decontaminated, and if these will be recommended for use in the future. Healthcare facilities should return to using only NIOSH-approved respirators where needed."

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

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

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Ensure that any worker using a tight-fitting respirator (e.g., N95 FFR) is fit-tested prior to initial use of the respirator, whenever a different respirator size, style, model or make is used, and at least annually thereafter. Passing a fit-test is important because it ensures that the size, make, and model of the respirator can provide a proper facial seal to offer the expected level of protection to the wearer."

"Ensure that only OSHA-approved fit test protocols (which can be found in 29 CFR 1910.134, Appendix A) are used for fit testing. If you are having difficulty obtaining commercially available fit-testing solutions required for some qualitative fit tests due to limited commercial supplies, refer to OSHA's/ NIOSH's guidance for Preparing Solutions for Qualitative Fit Testing from Available Chemicals, or consider switching to a quantitative fit test protocol or contracting with a reputable occupational health clinic that provides fit-testing services."

Sources:

https://www.osha.gov/sites/default/files/respiratory-protection-covid19-long-term-care.pdf

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

If YES,

70a. Are HCP medically cleared prior to fit-testing?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

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."

Sources:

https://www.osha.gov/sites/default/files/respiratory-protection-covid19-long-term-care.pdf

https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134

71. Are HCP trained on the use of their respirators?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Provide effective training to workers required to wear respirators. Training must be conducted in a manner that is understandable to workers, meaning that your training program should be tailored to the education level and language background of your workers."

Source: https://www.osha.gov/sites/default/files/respiratory-protection-covid19-long-term-care.pdf

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

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Extended use of N95 respirators can be considered for source control while HCP are in the healthcare facility, to cover one's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. When used for this purpose, N95s may be used until they become soiled, damaged, or hard to breathe through. They should be immediately discarded after removal. Extended use of N95 respirators as PPE is a contingency capacity strategy."

"Practices allowing extended use of N95 respirators as respiratory protection, when acceptable, can also be considered. The decision to implement policies that permit extended use of N95 respirators should be made by the professionals who manage the institution's respiratory protection program, in consultation with their occupational health and infection control departments with input from the state/local public health departments. Beyond anticipated shortages, increased feasibility and practicality may also be considered in decisions to implement extended use for HCP who are sequentially caring for a large volume of [residents] with suspected or confirmed SARS-CoV-2, including those cohorted in a SARS-CoV-2 unit, those placed in quarantine, and residents on units impacted during a SARS-CoV-2 outbreak."

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

73. Is the facility currently reusing disposable respirators?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Re-use refers to the practice of using the same N95 respirator by one HCP for multiple encounters with different patients but removing it (i.e. doffing) after each encounter. During times of crisis, practicing limited re-use while also implementing extended use can be considered.

The supply and availability of NIOSH-approved respirators have increased significantly over the last several months. Healthcare facilities should not be using crisis capacity strategies [e.g., re-use of respirators] at this time and should promptly resume conventional practices."

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

NOTES

6.E. Eye Protection

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

☐ Single use, disposable face shields/goggles
☐ Reusable face shields/goggles
☐ Other, please specify: _____
☐ Unknown
☐ Not assessed

Some eye protection can be cleaned and disinfected for reuse, while some such as single use disposable face shields are not for reuse.
"Once availability of eye protection returns to normal, healthcare facilities should promptly resume conventional practices."
Under conventional capacity strategies, "shift eye protection supplies from disposable to reusable devices (i.e., reusable face shields or goggles)."

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

75. 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."

"In areas of substantial to high transmission in which HCP are using eye protection for all [resident] encounters, extended use of eye protection may be considered as **a conventional capacity strategy**."

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

76. Is the facility currently reusing eye protection?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

If YES,

76a. What type of eye protection is the facility currently reusing (please select all that apply)?

☐ Reusable face shields/goggles
☐ Single use, disposable face shields/goggles
☐ Unknown
☐ Not assessed

"Disposable eye protection should be removed and discarded after use. Reusable eye protection should be cleaned and disinfected after each [resident] encounter."

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

- Eye protection should be discarded if damaged (e.g., face shield or goggles can no longer fasten securely to the provider, if visibility is obscured and cleaning and disinfecting does not restore visibility).
- HCP should take care not to touch their eye protection. If they touch or adjust their eye protection, they must immediately perform hand hygiene."

If reusing disposable face shields or goggles under contingency capacity strategies: "If a disposable face shield or goggles are cleaned and disinfected, they should be dedicated to one HCP and cleaned and disinfected whenever they are visibly soiled or removed (e.g., when leaving the isolation area) prior to putting them back on."

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

76b. Do HCP clean and disinfect eye protection immediately after removal?

○ Yes ○ No ○ Unknown ○ Not assessed

"Disposable eye protection should be removed and discarded after use. Reusable eye protection should be cleaned and disinfected after each [resident] encounter."

"**Adhere to recommended manufacturer instructions for cleaning and disinfection**. When manufacturer instructions for cleaning and disinfection are unavailable, consider:

1. While wearing a clean pair of 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."

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

76c. Do HCP clean and disinfect eye protection if soiled?

○ Yes ○ No ○ Unknown ○ Not assessed

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

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

76d. Where do HCP store reusable 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 reusable eye protection in a designated clean area within the facility.

76e. Are disposable face shields/goggles dedicated to one HCP?

○ Yes
○ No
○ Unknown
○ Not assessed
○ Disposable face shields/goggles not used in the facility

"Disposable eye protection should be removed and discarded after use."

If reusing disposable face shields or goggles under contingency capacity strategies: "If a disposable face shield or goggles are cleaned and disinfected, they should be dedicated to one HCP."

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

NOTES

6.F. Gowns

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

☐ Disposable isolation ☐ Other, please specify: _____ ☐ Not assessed

☐ Launderable ☐ Unknown

"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

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

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

If YES,

78a. Under what circumstance are they worn by HCP outside of resident rooms?

_____

Remove and discard the gown in a dedicated container for waste or linen before leaving the resident room or care area. Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room. 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.

Source:

https://www.cdc.gov/hai/prevent/ppe.html

78b. Do HCP wear the same gown to care for more than one resident?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

Gowns used for isolation purposes, "should be changed between [residents] and must be removed and changed if it becomes soiled, as per usual practices."

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

NOTES

6.G. Gloves

79. 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

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

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

Remove and discard gloves before leaving the resident room or care area, and immediately perform hand hygiene.

Double gloving is not recommended when providing care to residents with suspected or confirmed SARS-CoV-2 infection.

Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room.

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

If YES,

80a. Under what circumstances 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 (e.g., by EVS personnel preparing or using cleaners and disinfectants).

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

NOTES

6.H. Duration of Transmission-Based Precautions for SARS-CoV-2 Infection

81. When would the facility discontinue Transmission-Based Precautions for residents with SARS-CoV-2 infection who remained **asymptomatic** **AND** who **are not** moderately or severely immunocompromised (i.e., end isolation) (please select all that apply)?

- ☐ At least 10 days have passed since the date of their first positive viral diagnostic test
- ☐ Using a test-based strategy
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"A symptom-based strategy for discontinuing Transmission-Based Precautions is preferred in most clinical situations.

[Residents] who were asymptomatic throughout their infection and are not moderately to severely immunocompromised:

At least 10 days have passed since the date of their first positive viral diagnostic test."

"Immunocompromised: For the purposes of this guidance, moderate to severely immunocompromising conditions include, but might not be limited to, those defined in the Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC

- 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/infection-control-recommendations.html#anchor_1604360721943

82. When would the facility discontinue Transmission-Based Precautions for SARS-CoV-2 infected residents with **mild to moderate illness** **AND** who **are not** moderately or severely immunocompromised (i.e., end isolation) (please select all that apply)?

- ☐ At least 10 days have passed *since symptoms first appeared*
- ☐ At least 24 hours have passed *since last* fever without the use of fever-reducing medications
- ☐ Symptoms (e.g., cough, shortness of breath) have improved
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"A symptom-based strategy for discontinuing Transmission-Based Precautions is preferred in most clinical situations."

"[Residents] with mild to moderate illness who are not moderately to 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"

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor_1604360721943

83. When would the facility discontinue Transmission-Based Precautions for SARS-CoV-2 infected residents with **severe to critical** illness **OR** who **are** moderately or severely immunocompromised (i.e., end isolation) (please select all that apply)?

- ☐ At least 10 days and up to 20 days have passed *since symptoms first appeared*
- ☐ At least 24 hours have passed *since last* fever without the use of fever-reducing medications
- ☐ Symptoms (e.g., cough, shortness of breath) have improved
- ☐ After consulting with an infectious disease physician
- ☐ Using a test-based strategy
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"A symptom-based strategy for discontinuing Transmission-Based Precautions is preferred in most clinical situations."

"[Residents] with severe to critical illness or who are moderately to 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.

A test-based strategy could be considered for some [residents] (e.g., those who are moderately to severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the [resident] being infectious for more than 20 days."

Source:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor_1604360721943

NOTES

Section 7. SARS-CoV-2 Testing

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

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

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

85. 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 (e.g., Abbott BinaxNow)
- ☐ Nucleic Acid Amplification Tests (NAAT) (e.g., Reverse-transcriptase polymerase chain reaction [RT-PCR])
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Point-of care serial screening can provide rapid results and be critical to identifying asymptomatic cases needed to interrupt SARS-CoV-2 transmission. This is especially important when community risk or transmission levels are substantial or high.

The selection and interpretation of SARS-CoV-2 tests should be based on the context in which they are being used, including the prevalence of SARS-CoV-2 in the population being tested."

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

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

◯ Less than 48 hours ◯ Greater than 48 hours ◯ Unknown ◯ Not assessed

Per CMS, "If the facility has a shortage of testing supplies, or cannot obtain test results within 48 hours, the surveyor should ask for documentation that the facility contacted state and local health departments to assist with these issues."

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

87. If antigen testing is utilized, does the facility confirm negative antigen test results from symptomatic residents and HCP with a Nucleic Acid Amplification Test (NAAT) (e.g., reverse-transcriptase polymerase chain reaction (RT-PCR)) within 48 hours?

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

"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."

"For instance, in general, if a symptomatic resident tests presumptive negative by antigen test and a NAAT [Nucleic Acid Amplification Test] is performed, the resident should remain in Transmission-Based Precautions until the NAAT result is available. Similarly, if an asymptomatic HCP working in a LTCF without an outbreak tests antigen positive, they should be excluded from work until a negative NAAT 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

88. Do all residents and HCP with **even mild symptoms** of COVID-19, receive a viral test as soon as possible regardless of vaccination status?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Anyone with even mild symptoms of COVID-19, **regardless of vaccination status,** should receive a viral test as soon as possible."

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

89. Is the facility able to perform routine testing of HCP based on the level of community transmission in the county where they are located as per CMS guidance?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Routine testing of unvaccinated staff should be based on the extent of the virus in the community. Fully vaccinated staff do not have to be routinely tested. Facilities should use their community transmission level as the trigger for staff testing frequency. Reports of COVID-19 level of community transmission are available on the CDC COVID-19 Integrated County View site: https://covid.cdc.gov/covid-data-tracker/#county-view. Please see the COVID-19 Testing section on the CMS COVID-19 Nursing Home Data webpage: https://data.cms.gov/covid-19/covid-19-nursing-home-data for information on how to obtain current and historic levels of community transmission on the CDC website. "

Table 1. Routine Testing Intervals by County COVID-19 Level of Community Transmission

Level of COVID-19 Community Transmission	Minimum Testing Frequency of Unvaccinated Staff‡
Low *(blue)*	Not recommended
Moderate *(yellow)*	Once a week*
Substantial *(orange)*	Twice a week*
High *(red)*	Twice a week*

‡Vaccinated staff do not need to be routinely tested.

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

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

90. 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 ideally 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.

"For indoor specimen collection activities, designate separate spaces for each specimen collection testing station, either rooms with doors that close fully or protected spaces removed from other stations by distance and physical barriers, such as privacy curtains and plexiglass.

- To prevent inducing coughing/sneezing in an environment where multiple people are present and could be exposed, avoid collecting specimens in open-style housing spaces with current residents or in multi-use areas where other activities are occurring."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/broad-based-testing.html#anchor_1616943120535

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

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

"In general, an **outdoor location** for mass testing events is preferred because it has better ventilation and more room for physical distancing. Provide climate-controlled or climate-protected rest areas (large enough for physical distancing) for staff.

If an outdoor location is not feasible, large indoor spaces (for example, gymnasiums) are best, where sufficient space can be maintained between stations (i.e., periphery greater than 6 feet apart).

For indoor specimen collection activities, designate separate spaces for each specimen collection testing station, either rooms with doors that close fully or protected spaces removed from other stations by distance and physical barriers, such as privacy curtains and plexiglass.

- To prevent inducing coughing/sneezing in an environment where multiple people are present and could be exposed, avoid collecting specimens in open-style housing spaces with current residents or in multi-use areas where other activities are occurring."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/broad-based-testing.html#anchor_1616943120535

NOTES

Section 8. New SARS-CoV-2 Infection among HCP or Residents

92. When a new case of SARS-CoV-2 is identified, does the facility increase the frequency of monitoring all residents to every shift?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Because of the risk of unrecognized infection among residents, 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 evaluated as a potential outbreak.

- Consider increasing monitoring of all residents from daily to every shift, to more rapidly detect those with new symptoms."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031561398

93. Are symptomatic residents restricted to their rooms?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Symptomatic residents, **regardless of vaccination status,** should be restricted to their rooms and cared for by HCP using a NIOSH-approved N95 or equivalent or higher-level respirator, eye protection (goggles or a face shield that covers the front and sides of the face), gloves, and a gown pending evaluation for SARS-CoV-2 infection."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031561398

94. Are Transmission-Based Precautions used when caring for symptomatic residents, while test results are pending?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Symptomatic residents, regardless of vaccination status, should be restricted to their rooms and cared for by HCP using a NIOSH-approved N95 or equivalent or higher-level respirator, eye protection (goggles or a face shield that covers the front and sides of the face), gloves, and a gown pending evaluation for SARS-CoV-2 infection."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031561398

95. If symptomatic residents have negative viral tests, when are Transmission-Based Precautions stopped (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 SARS-CoV-2 RNA test, Transmission-Based Precautions would be continued until a second SARS-CoV-2 RNA test is performed and results as negative
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"The decision to discontinue empiric Transmission-Base 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 COVID-19 viral test.

- 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."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#anchor_1604360721943

96. In response to new cases of SARS-CoV-2, who does the facility test (please select all that apply)?

- ☐ All staff with symptoms are tested
- ☐ All residents with symptoms are tested
- ☐ Close contacts are tested
- ☐ HCP with higher risk exposures are tested
- ☐ All staff and residents on affected units
- ☐ All staff and residents are tested if contact and exposures cannot be clearly identified
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Perform contact tracing to identify any HCP who have had a higher-risk exposure or residents who may have had close contact with the individual with SARS-CoV-2 infection."

Table 1. Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, vaccinated and unvaccinated, with signs or symptoms must be tested.	Residents, vaccinated and unvaccinated, with signs or symptoms must be tested.
Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts	Test all staff, vaccinated and unvaccinated, that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, vaccinated and unvaccinated, that had close contact with a COVID-19 positive individual.
Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, vaccinated and unvaccinated, facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).	Test all residents, vaccinated and unvaccinated, facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).
Routine testing	According to Table 2	Not generally recommended.

"Alternative, broad-based approach:

- If a facility does not have the expertise, resources, or ability to identify all close contacts, they should instead investigate the outbreak at a facility-level or group-level (e.g., unit, floor, or other specific area(s) of the facility).
- Broader approaches might also be required if the facility is directed to do so by the jurisdiction's public health authority, or in situations where all potential contacts are unable to be identified, are too numerous to manage, or when contact tracing fails to halt transmission.
- Perform testing for all residents and HCP on the affected unit(s), regardless of vaccination status, immediately (but not earlier than 2 days after the exposure, if known) and, if negative, again 5-7 days later."

Sources:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031062858

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

97. How does the respondent define a higher-risk HCP exposure (please select all that apply)?

- ☐ Close contact of 15 minutes or more duration
- ☐ HCP not wearing a respirator or facemask
- ☐ HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask
- ☐ HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"**Higher-risk:** HCP who had prolonged [greater than 15 minutes cumulative] close contact [within 6 feet] with a [resident], visitor, or HCP with confirmed SARS-CoV-2 infection **AND**

- HCP not wearing a respirator or facemask **OR**
- HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask **OR**
- HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure"

"Lower-risk: HCP other than those with exposure risk described above"

Source:

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

OSHA Emergency Temporary Standard definitions of exposures to SARS-CoV-2 in healthcare that require HCP testing and employee benefits may differ from CDC:

https://www.osha.gov/coronavirus/ets

98. Are HCP higher-risk exposures and residents with close contact tested regardless of vaccination status?

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

"Asymptomatic HCP with a higher-risk exposure and residents with close contact with someone with SARS-CoV-2 infection, **regardless of vaccination status**, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure."

"Testing is not recommended for people who have had SARS-CoV-2 infection in the last 90 days if they remain asymptomatic, including if they have had close contact or a higher-risk exposure; this is because some people may be non-infectious but have detectable virus from their prior infection during this period."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031062858

If YES,

98a. When are HCP with higher-risk exposures and residents with close contact tested (please select all that apply)?

- ☐ Not earlier than 2 days after exposure
- ☐ Again 5-7 days after exposure
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"Asymptomatic HCP with a higher-risk exposure and residents with close contact with someone with SARS-CoV-2 infection, **regardless of vaccination status**, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure."

"Testing is not recommended for people who have had SARS-CoV-2 infection in the last 90 days if they remain asymptomatic, including if they have had close contact or a higher-risk exposure; this is because some people may be non-infectious but have detectable virus from their prior infection during this period."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031062858

98b. Which residents and HCP are included among those tested (please select all that apply)?

- ☐ All residents with close contact, regardless of vaccination status
- ☐ All HCP with higher-risk exposures, regardless of vaccination status
- ☐ Residents that have recovered from SARS-CoV-2 infection in the previous 90 days are **NOT** tested
- ☐ HCP that returned to work following SARS-CoV-2 infection in the previous 90 days are **NOT** tested
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

99. If testing of close contacts reveals additional HCP or residents with SARS-CoV-2 infection, what approach does the facility take to identify additional cases/contacts (please select all that apply)?

- ☐ Targeted testing if contacts are limited in number and clearly identifiable
- ☐ Facility or group-wide approach if unable to identify contacts
- ☐ Facility or group-wide approach if contacts are too numerous to manage
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"If testing of close contacts reveals additional HCP or residents with SARS-CoV-2 infection, contact tracing should be continued to identify residents with close contact or HCP with higher-risk exposures to the newly identified individual(s) with SARS-CoV-2 infection.

- A facility-wide or group-level (e.g., unit, floor, or other specific area(s) of the facility) approach should be considered if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.
- If the outbreak investigation is broadened to either a facility-wide or unit-based approach, perform testing for all residents and HCP on the affected unit(s), regardless of vaccination status, immediately (but not earlier than 2 days after the exposure, if known) and, if negative, again 5-7 days later."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031561398

100. When performing an outbreak response to a known case, how would the facility manage unvaccinated residents and HCP (please select all that apply)?

- ☐ Unvaccinated residents are restricted to their rooms, even if testing is negative
- ☐ HCP caring for unvaccinated residents use an N95 or higher-level respirator, eye protection, gloves and gown when providing care
- ☐ Unvaccinated residents do not participate in group activities
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

"When performing an outbreak response to a known case, unvaccinated residents and HCP:

- Unvaccinated residents should generally be restricted to their rooms, even if testing is negative, and cared for by HCP using an N95 or higher-level respirator, eye protection (goggles or a face shield that covers the front and sides of the face), gloves and gown. They should not participate in group activities.
- Unvaccinated residents who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine for 14 days after their exposure, even if viral testing is negative. HCP caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator).
- For guidance about work restriction for unvaccinated HCP who are identified to have had higher-risk exposures, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2.

If no additional cases are identified during the broad-based testing, room restriction and full PPE use by HCP caring for unvaccinated residents can be discontinued after 14 days and no further testing is indicated.

If additional cases are identified, testing should continue on affected unit(s) or facility-wide every 3-7 days in addition to room restriction and full PPE use for care of unvaccinated residents, until there are no new cases for 14 days.

- If antigen testing is used, more frequent testing (every 3 days), should be considered."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031561398

101. When performing an outbreak response to a known case, how would the facility manage fully vaccinated residents and HCP (please select all that apply)?

- ☐ Fully vaccinated residents are NOT restricted to their rooms
- ☐ HCP do NOT use full PPE when caring for fully vaccinated residents
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

" When performing an outbreak response to a known case, fully vaccinated residents and HCP:

Fully vaccinated residents should be tested as described in the testing section; they do not need to be restricted to their rooms or cared for by HCP using the full PPE recommended for the care of a resident with SARS-CoV-2 infection unless they develop symptoms of COVID-19, are diagnosed with SARS-CoV-2 infection, or the facility is directed to do so by the jurisdiction's public health authority."

"Fully vaccinated residents who have had close contact with someone with SARS-CoV-2 infection should wear source control and be tested as described in the testing section. Fully vaccinated residents and residents with SARS-CoV-2 infection in the last 90 days do not need to be quarantined, restricted to their room, or cared for by HCP using the full PPE recommended for the care of a resident with SARS-CoV-2 infection unless they develop symptoms of COVID-19, are diagnosed with SARS-CoV-2 infection, or the facility is directed to do so by the jurisdiction's public health authority."

"However, there may be circumstances when Transmission-Based Precautions (quarantine) for these patients might be recommended (e.g., patient is moderately to severely immunocompromised, if the initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result). In the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to use of quarantine for fully vaccinated patients on affected units and work restriction of fully vaccinated HCP with higher-risk exposures. In addition, there might be other circumstances for which the jurisdiction's public health authority recommends these and additional precautions."

Source:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031561398

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

NOTES

Section 9. Continuous Quality Improvement

102. Have all HCP recently **demonstrated competency** in:

102a. Hand hygiene with alcohol-based hand sanitizer

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

102b. Hand hygiene with soap and water

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

102c. 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

102d. Donning and doffing PPE

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

102e. 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

102f. 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 may be 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. 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 be found here: https://spice.unc.edu/wp-content/uploads/2017/03/Hand-Hygiene-Competency-SPICE.pdf

The routine demonstration of knowledge regarding PPE selection for the anticipated task and the expected donning and doffing techniques is needed. All HCP require reeducation and competency demonstrations any time there are changes in the type of PPE device or the way current PPE devices are being used (e.g., extended use or reuse of select items). **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.

Note: 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 for cleaning 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 may clean and disinfect their medicine carts but EVS may clean the countertops in the nursing station).

103. Does the facility **audit** (i.e., monitor and document) HCP compliance with the following IPC practices?

103a. Hand Hygiene

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

103b. 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

103c. PPE donning and doffing

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

103d. Cleaning and disinfection of resident rooms

◯ Yes ◯ No ◯ Unknown ◯ Not assessed

103e. 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 documented, summarized with the calculation of adherence rates, and shared with healthcare personnel. Changes in adherence can be monitored over time. (https://www.cdc.gov/infection-control/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 through 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.

NOTES

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

Sections 10a-10f: 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: If HCP, visitors, or vendors are being actively screened, ask to see the screening areas.

Section 10. Facility Tour

10.A. Screening Stations

104. Video assessment attempted

- ◯ Yes
- ◯ No **(SKIP TO 112)**
- ◯ Not applicable, assessment part of an on-site visit

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

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

106. The facility entry is monitored.

◯ Yes ◯ No ◯ Not assessed

107. 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

108. If temperatures are actively taken, what type of thermometer is being used (please select all that apply)?

- ☐ No touch
- ☐ Oral
- ☐ Ear/Tympanic
- ☐ Temperatures are not actively measured
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

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

- ☐ Temperature of 100.0F (37.8C) or higher
- ☐ Subjective fever
- ☐ 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 they have been told they should quarantine after close contact with someone who has COVID-19
- ☐ Other, please specify: _____
- ☐ Unknown
- ☐ Not assessed

110. Alcohol-based hand sanitizer with 60-95% alcohol is available at the entry to the facility.

◯ Yes ◯ No ◯ Not assessed

111. All persons entering the facility wear source control.

◯ Yes ◯ No ◯ 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 10B – 10E.

10.B. Hand Hygiene

112. Video assessment attempted

- ◯ Yes
- ◯ No **(SKIP TO 117)**
- ◯ Not applicable, assessment part of an on-site visit

Ask facility to activate/push several alcohol-based hand sanitizer dispensers.

113. All demonstrated dispensers are functional.

- ◯ Yes
- ◯ No
- ◯ Not assessed

114. Alcohol-based hand sanitizer is located **outside** resident rooms.

- ◯ Yes
- ◯ No
- ◯ Not assessed

115. Alcohol-based hand sanitizer is located **inside** resident rooms.

- ◯ Yes
- ◯ No
- ◯ Not assessed

116. 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)**

Ask the facility to show you several examples of HCP wearing PPE on the resident floor.

10.C. PPE Use

117. Video assessment attempted

- ◯ Yes
- ◯ No **(SKIP TO 123)**
- ◯ Not applicable, assessment part of an on-site visit

118. All visualized HCP are correctly wearing facemasks or respirators in the facility.

- ◯ Yes
- ◯ No
- ◯ Not assessed

119. HCP are wearing eye protection for all resident care encounters if there is **substantial to high community transmission.**

- ◯ Yes
- ◯ No
- ◯ Not applicable
- ◯ Not assessed

120. Describe where personnel get new PPE (please select all that apply):

- ☐ In carts outside of resident rooms
- ☐ From a donning area on the COVID-19 care unit
- ☐ From the nurse's stations
- ☐ Other, please specify: _____
- ☐ Not assessed

121. A dedicated area is used to clean and disinfect eye protection.

- ◯ Yes
- ◯ No
- ◯ Not applicable
- ◯ Not assessed

122. Eye protection is stored in a clean area that avoids contamination.

- ◯ Yes
- ◯ No
- ◯ Not applicable
- ◯ Not assessed

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

Ask to interview a frontline HCP on the floor such as a nurse or nurse's aide.

10.D. Frontline HCP Interview

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.
- ◯ Not assessed

125a. If *NOT* in most clinical situations, please describe why ABHS is not used:

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)

Ask to interview an EVS staff member (i.e., housekeeper).

10.E. Environmental Services (i.e., housekeeping)

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)**

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.

10.F. Designated COVID-19 Care Area

132. 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

133. 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

134. Alcohol-based hand sanitizer is available **inside** each room.

◯ Yes ◯ No ◯ Not assessed

135. Alcohol-based hand sanitizer is available **outside** of each room.

◯ Yes ◯ No ◯ Not assessed

136. Dedicated medical equipment is used for this care area.

◯ Yes ◯ No ◯ Not assessed ◯ Not applicable, no residents currently on this unit

137. Dedicated medical equipment is stored in the resident room.

◯ Yes ◯ No ◯ Not assessed ◯ Not applicable, no residents currently on this unit

138. Entrance to COVID-19 care area is controlled.

◯ Yes ◯ No ◯ Not assessed ◯ Not applicable, no residents currently on this unit

138a. Signage indicating only designated HCP should enter is present.

◯ Yes ◯ No ◯ Not assessed ◯ Not applicable, no residents currently on this unit

139. Room doors are kept closed (unless resident safety concerns require opening).

◯ Yes ◯ No ◯ Not assessed ◯ Not applicable, no residents currently on this unit

140. 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

141. HCP doff gowns and gloves prior to exiting the 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)**

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