



CHANGES for IDOH COVID-19 IP Toolkit **Update 11/22/21 -- Yellow update to document**

\*\* Note: LTC COVID-19 SOP Guidance lives outside of this toolkit on LTC IDOH website. It includes 3 sections: **Clinical Guidance, Infection Control Guidance and Visitation and Activities Guidance**. – Updated 11/22/21

Toolkit includes:

- Infection Preventionist Facility Checklist for Outbreaks (09/27/21) \* Updated
- COVID-19 Control Measures IC 16-41-2-1 (08.12.21) \*NEW
- PPE Zones-Stop Signs (updated 10/05/21)
- Medical Director Toolkit (09/16/21) Removed document and added link [CLICK HERE](#)
- COVID-19 Benefits of Vaccination Flyer - English / Spanish (07/02/2021)
- COVID-19 Vaccine: It's our shot, Hoosiers Flyer – English / Spanish (08/09/2021)
- Symptoms of Coronavirus (COVID-19) – Signage - English / Spanish - (06/25/2021)
- **Visitation Requirements Guidelines – Signage (11/22/2021)**
- ~~Quarantine Guidance for Long-term Care Residents and Staff (3/19/21) DELETE 11/22/21~~
- ~~CMS – When Can I Visit? (March 2021) DELETE 11/22/21~~
- ~~Visitor Screening Tool (03/16/21) DELETE 11/22/21~~
- Employee Screening Tool (03/16/21)
- Fully Vaccinated Visitor Screening Tool
- Fully Vaccinated Employee Screening Tool
- Travel Guidance (04/30/21)
- Strategies for COVID-19 in Memory Care Units (05/16/20)
- Environmental Steps to Reduce Indoor COVID-19 Transmission (06/19/20)
- Communication Guidelines for Informing Family Members during COVID-19 (03/15/21)
- COVID-19 Guidance for Hospital Discharge to Long-Term Care Facilities (10/06/21)
- Hospital to Post-Acute Care Transfer COVID-19 Assessment Form (10/06/21)
- CDC-Nursing Home COVID-19 Infection Control Assessment and Response (ICAR) Tool (November 2020)
- CDC-Considerations for Interpretation of Antigen Tests in Long-Term Care Facilities (01/15/2021)
- Long Term Care (LTC) Respiratory Surveillance Line List & Outbreak Summary (03/12/19)
- Infection Control Regulatory Pathways (12/20/20)
- ~~Guidance for out-of-hospital facilities (01/05/21) DELETE 11/22/21~~

# Infection Preventionist Facility Checklist for COVID-19 Outbreaks



Cohorting: Facilities should follow the Centers for Disease Control and Prevention (CDC) guidelines for: [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes \(CDC 9.10.21\)](#)

- Red Zone: Place all positive/ symptomatic residents in RED Zone
- Yellow Zone: Move symptomatic residents to the YELLOW Zone when they have an asymptomatic room mate
  - Shelter in place asymptomatic residents with positive point-of-care (POC) test. Initiate transmission-based precautions (TBP) and await PCR confirmation. Move to the Red Zone if positive.
  - Place roommates in TBP, complete POC testing and shelter in place. Move to Red Zone if positive. See [CDC Considerations for Interpretation of Antigen Tests in LTC Facilities 1.15.21](#)
- Green Zone: Residents in this zone should be asymptomatic for COVID-19 unless exposed by symptomatic roommate
  - Positive residents move to Red Zone
  - Symptomatic residents move to Yellow Zone
  - Exposed roommate may shelter in place, test and await results before moving
- Cohort healthcare personnel (HCP) and equipment for COVID-19 residents to minimize transmission in the building.

## Equipment Cohorting to Resident Rooms:

- Isolation carts or bins should be outside each individual room or just inside the contained COVID-19 red zone for donning and doffing.
- Trash cans should be near the resident's door or exit of the COVID-19 zone for doffing. An isolation cart and trash can may exist in the hallway in the contained COVID-19 zone, otherwise trash cans should be used inside each individual resident room that is in TBP.
- Cohort supplies; do not share room to room.
- Use disposable or single B/P cuff and stethoscopes/ no mobile units.
- Use pitchers for each resident and disposable cup. Do not use ice coolers to take inside the resident's room for filling cups.
- Single use B/P, O2 Sat per resident as much as possible, and proper disinfection for any reuse.
- Single use bedpans and/or bathroom supplies for all residents.

**PPE by Zone: Place a sign on the resident's door "Contact-Droplet Transmission-Based Precautions (TBP)" should include proper PPE.** IDOH stop signs may be used per zone indicating proper PPE [Stop Signs IDOH](#).

Infection Control Basics	Green Zone	Yellow Zone	Red Zone
Precautions	Standard precautions	Add Contact-Droplet	Add Contact-Droplet
Mask	*Medical procedure (loop mask) or KN95	N95 Mask (NIOSH-approved N95 respirators)	N95 Mask (NIOSH-approved N95 respirators)
Eye Protection	**All HCP: Eye Protection for resident care when community transmission is substantial or high.	*** All HCP: Eye protection for resident care and TBP	***ALL HCP: Eye protection for resident care TBP
Gown	Standard precautions	°Gown	°Gown
Gloves	Standard precautions	Gloves	Gloves
Signage	Not required	Post signage on residents' doors	Post signage on resident's door

\* HCP should not wear cloth masks

\*\***Preservation of protective eyewear/goggles or face shield:** Do not touch eye or face protection during use. Hand Hygiene must be performed after any touching. Eye protection should be close to face with no gaps at top, bottom or sides of eyes. Hand hygiene must be performed before and after donning and doffing eye or face protection.

+**All HCP must keep on eye protection for any symptomatic or positive COVID-19 resident in TBP.**

° **Extended Wear Gowns:** Conventional use of a single gown for each resident encounter is preferred. For crisis capacity, the same gown can be used in the COVID-19 positive units for droplet-contact precautions for all positive COVID residents, one gown per HCP, until soiled or wet. See [Strategies for Optimizing the Supply of Isolation Gowns \(CDC 1.21.21\)](#).

**RED ZONE:** Facility gown reuse is different by zone. COVID-19 RED unit uses gowns for extended wear with residents that are positive in the red zone. Gowns must be doffed to enter a break room, nurse's station, when leaving a unit, or stepping outside. A clean gown must be donned upon returning to the redzone.

**YELLOW ZONE:** Facility gown reuse for the YELLOW zone or any other resident in TBP outside the COVID-19 unit. Gown reuse observed must be "one gown per HCP, per one resident." For dual occupancy rooms, separate gown is used for each resident. Gowns may hang on the back of the resident's room entrance door.

**Add outbreak controls by auditing daily, per shift if possible:**

- Masks: Universal use of source control facemasks** should continue for all HCP, residents and visitors that come into the facility.



**PPE**

- o Refill PPE in isolation carts
- o Increase PPE donning and doffing observations by rounding
- o Post job aides for proper donning and doffing PPE (PPE Sequencing Job Aides- CDC. See [Using PPE- job aides \(CDC 6.9.20\)](#)).

**Hand hygiene**

- o Use alcohol-based hand rub (ABHR) inside/outside residents, nursing stations, common areas
  - o ABHR is preferred in most clinical situations unless hands are visibly soiled
  - o Soap and water for *c. diff* and diarrhea
- o Increase observations by rounding

**Glove Hygiene**

Perform hand hygiene before use of non-sterile gloves upon entry into the resident room for direct care area.

- o Change gloves if they become torn or heavily contaminated.
- o Remove and discard gloves when leaving the resident room or care area
- o Immediately perform hand hygiene after removal of gloves.

**EVS/Laundry Service**

Disinfectants

- o Available at point of use
- o Labeled appropriately
- o Use approved cleaning agents from List N: [List N: Disinfectants for Coronavirus \(COVID-19\)](#), EPA
- o Disinfecting shared equipment, shared showers/bathrooms-place in easy access areas for staff to access (away from residents)

Contact Time: Ensure EVS and care staff know wet to dry times for proper disinfection

Increase environmental cleaning on all high touch surfaces in residents' rooms and communal areas

Disinfect soiled laundry containers, ensure clean laundry is separate from dirty

Review EVS personnel with proper PPE for cleaning COVID-19 rooms (gown, gloves, mask, eye protection) [Cleaning and Disinfection your Home- everyday when someone is sick \(CDC 06.17.21\)](#)

Review appropriate PPE use with laundry staff for soiled linen: (gown, gloves, mask, eye protection)

**Facility Entrance/Common Areas:** [COVID-19-Control-Measures-under-410-IAC-1.pdf \(in.gov\)](#)

- Masks available in common areas for easy access
- Monitor Screening areas to assure compliance



- Check IDOH LTC website for tools for visitor and HCP screening
- Post COVID-19 signs and symptoms
- Post IDOH visitor's signs
- Post respiratory cough etiquette signs

**Resident Infection Prevention**

**Universal masking**

- Residents must wear masks when HCP are delivering direct care.
- Cloth masks are still acceptable for residents for general social distancing.
- Cloth masks should be laundered on a schedule to assure that they remain a clean barrier for prevention of COVID-19 transmission.
- A clean medical procedure mask should be used for residents
  - o When in the salon
  - o When a COVID-19 person under investigation or positive resident is transferred to a new room or facility
- Review how COVID-19 spreads with residents: [How Coronavirus Spreads | CDC](#)

**7-14-21**

**Mobility**

- Limit movement throughout facility during TBP
  - o Minimize resident's movement around the building, encouraging all residents in TBP to stay in their room or as in memory care consider placement in single room with dedicated HCP to care for this resident.
- Essential movement (therapy, showers, restroom, etc.)
  - o Mask always when out of room
  - o Perform hand hygiene before leaving and upon returning to room
  - o Social distance

**Hand Hygiene**

- o Educate residents on importance of hand hygiene
- o Provide hand hygiene products in residents' rooms

**Routine Testing**

- o Consider postponing non-urgent testing for routine labs, chest X-rays, across your facility during an outbreak.
- o Consider changing aerosolizing treatments moving to metered dose inhalers during this outbreak, especially when N95 is not available.

**HCP Infection Prevention:**

- Mask and follow appropriate eye protection per Zone
- Do not allow HCP to work when ill, especially COVID-19 symptoms
  - o Remove from duty immediately, mask and test
- Report close contacts to facility leadership for contact tracing



- HCP scrubs including jackets and lab coats should be changed prior to leaving facility each day.
- HCP should perform hand washing upon entry to the building before work and prior to exit after changing into street clothes.
- Use appropriate **Standard Precautions** at all times with levels of PPE, mask, eye protection, gown and gloves when splashes and sprays are anticipated. See [Standard Precautions for All Patient Care \(CDC 1.26.16\)](#).
- Use **Enhanced Barrier precautions (EBP)** for residents with **novel MDROs or emerging pathogens** when high-contact resident care activities occur that provide opportunities for transfer of pathogens to the hands and clothing of HCP. See [Implementation of Personal Protective Equipment \(PPE\) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms \(MDROs\), \(CDC 7.29.19\)](#).

#### **Important Resources:**

- [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During COVID-19 Pandemic 9.10.21](#)
- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 \(CDC 9.10.21\)](#)
- [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes \(CDC 9.10.21\)](#)
- [Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC](#)
- [CDC COVID Data Tracker](#)
- [CDC Transmission Based Precautions - room signs](#)
- [Type and Duration of Precautions Recommended for Selected Infections and Conditions CDC Sept 2007](#)
- [Implementation of Personal Protective Equipment \(PPE\) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms \(MDROs\), \(CDC 7.29.19\)](#)
- [Fit Testing During Emerging Infectious Disease Outbreaks \(OSHA 4.1.20\)](#)
- [EPA List N: Disinfectants for Coronavirus \(COVID-19\)](#)



**Legal Authority:** IC 16-41-2-1

**Statutes Affected:** IC 16-41-2

The specific control measures for COVID-19 (infectious agent: SARS-CoV-2 virus) are as follows:

(1) Every laboratory confirmed case of COVID-19 shall be reported to the local health officer and Indiana Department of Health within twenty-four (24) hours.

(2) For confirmed cases of COVID-19, an investigation should be performed to ascertain the following:

- A. Immunization history.
- B. COVID-19 disease history.
- C. A history of underlying chronic or immunosuppressive disease.
- D. Disease severity and hospitalization.
- E. Characteristics of symptoms, reported as the following:
  - i. Fever or chills
  - ii. Cough
  - iii. Shortness of breath or difficulty breathing
  - iv. Fatigue
  - v. Muscle or body aches
  - vi. Headache
  - vii. New loss of taste or smell
  - viii. Sore throat
  - ix. Congestion or runny nose
  - x. Nausea or vomiting
  - xi. Diarrhea
- F. Name and contact information for employer, school/daycare attended, or any congregate living setting, such as a long-term care facility, jail, correctional facility, or group-living facility.
- G. Identification of any known case of COVID-19 with an epidemiologic link.
- H. Identification and listing of close contacts. A close contact is defined as any individual within 6 feet of an infected person (laboratory confirmed or probable case) for a total of 15 minutes or more within a 24-hour period.

(3) For any confirmed case of COVID-19 in a congregate setting, including schools, preschools, daycare settings, long-term care facilities, jails, correctional facilities, and group-living facilities, an investigation shall be performed to ascertain the following:

- A. Immunization history.
- B. COVID-19 disease history.
- C. Disease severity and hospitalization. (only for group living and long term care facilities)
- D. Name and contact information for school, preschool, or daycare attended, or any congregate living setting, such as a long-term care facility, jail, correctional facility, or group-living facility.
- E. Identification of any known case of COVID-19 with an epidemiologic link.
- F. Identification and listing of close contacts within the congregate setting. A close contact is defined as any individual within 6 feet of an infected person (laboratory confirmed or probable case) for a total of 15 minutes or more within a 24-hour period.
  - a. Exception to the close contact definition: In the K-12 indoor classroom setting, where the classroom does not meet the standards in (6) below, the definition excludes students who were 3 to 6 feet of an infected student (laboratory confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) correctly and consistently wore well fitting masks. This exclusion does not apply to teachers, staff, or other adults in the classroom.

(4) Individuals who test positive for COVID-19 shall isolate, including exclusion from school, preschools, daycare settings, employment, and public places, until:

- A. At least 10 days following the onset of symptoms or, if asymptomatic, at least 10 days from the date of collection of the positive test and must be at least 24 hours fever-free without fever-reducing medications and symptom improvement.

(5) Asymptomatic individuals, unless fully vaccinated or recovered from a COVID-19 infection within the past 90 days, who are identified as a close contact of a COVID-19 case shall quarantine, including exclusion from preschools, daycare settings, employment, and public places, until:

- A. 14 days after the date of last exposure;
- B. 10 days after the date of last exposure, following additional precautions for days 11-14; or
- C. 7 days after date of last exposure with a negative PCR test result occurring on day 5 or later, following additional precautions for days 8-14.

Precautions include monitoring for symptoms, wearing a mask at all times around other people, and maintaining at least six feet of distance from others at all times unless otherwise directed by state or local health authority.

(6) For K-12 schools that have and consistently enforce a face covering requirement for children, students, teachers, staff and others present, close contacts are not required to quarantine and may continue to attend school as long as they are asymptomatic. The close contacts should monitor daily for symptoms of COVID-19. Any symptoms of COVID-19 must prompt immediate removal of the





symptomatic individual from the school environment. The individual should seek testing and isolate. This exception to quarantine only applies in the classroom setting and does not apply to extracurriculars, athletics, etc. For non-classroom settings, follow the exclusion requirements in (5).

(7) Testing is recommended for all close contacts of confirmed or probable COVID-19 cases. Close contacts who test positive, whether symptomatic or asymptomatic, should be managed as a confirmed COVID-19 case.

(8) Individuals who are fully vaccinated (i.e., two weeks have passed since final vaccination dose), are not required to quarantine if exposed. Fully vaccinated individuals who are exposed to a COVID-19 case should monitor for signs and symptoms, get tested on days 3-5 following exposure, and wear a mask for 14 days or until they receive a negative result. If symptoms develop, they should isolate and get tested.

(9) Outbreak control measures. An outbreak of COVID-19 in a non-residential, non-healthcare setting is defined as two (2) or more laboratory confirmed COVID-19 cases that are epidemiologically linked, with onset of illness within a fourteen (14) day period. The cases may be linked by affiliation or attendance at the same school, facility, or workplace. To reach the outbreak threshold, the cases must reside in at least two (2) different households.

(10) Vaccination and disease history for COVID-19 shall be obtained for both cases and close contacts in outbreak investigations.

(11) For outbreak control in public or private schools, daycare settings, preschools, or postsecondary facilities, on the same day that a report of a confirmed COVID-19 case is received, school personnel shall do the following:

- A. Conduct an inquiry into absenteeism to determine the existence of any other cases of the illness.
- B. Immediately report the confirmed case or cases to the local health department and the department.
- C. Send a notice home with each student, attendee, or employee who is required to isolate or quarantine that the student, attendee, or employee shall be excluded from the date of the letter until the appropriate isolation or quarantine period has ended. Students, attendees, or employees who are fully vaccinated or have recovered from a COVID-19 infection within the past 90 days, and are asymptomatic, are not required to quarantine.
- D. Send a notice home to each student, attendee, or employee who has been identified as a close contact but allowed to continue to be in school based on (6) above to instruct on daily monitoring and reporting of symptoms should they occur.

(12) For outbreak control in healthcare settings, all healthcare workers and employees who have been exposed to COVID-19 should be excluded from the facility, unless fully vaccinated, recovered from a COVID-19 infection within the past 90 days, until the appropriate quarantine or isolation period has ended, or unless otherwise directed by state or federal guidance.

(13) For outbreak control in congregate living settings, such as long-term care facilities, jails, correctional facilities, or group-living facilities, all workers and employees who have been exposed to COVID-19 should be excluded from the facility, unless fully vaccinated, recovered from a COVID-19 infection within



the past 90 days, until the appropriate quarantine or isolation period has ended, or unless otherwise directed by state or federal guidance.

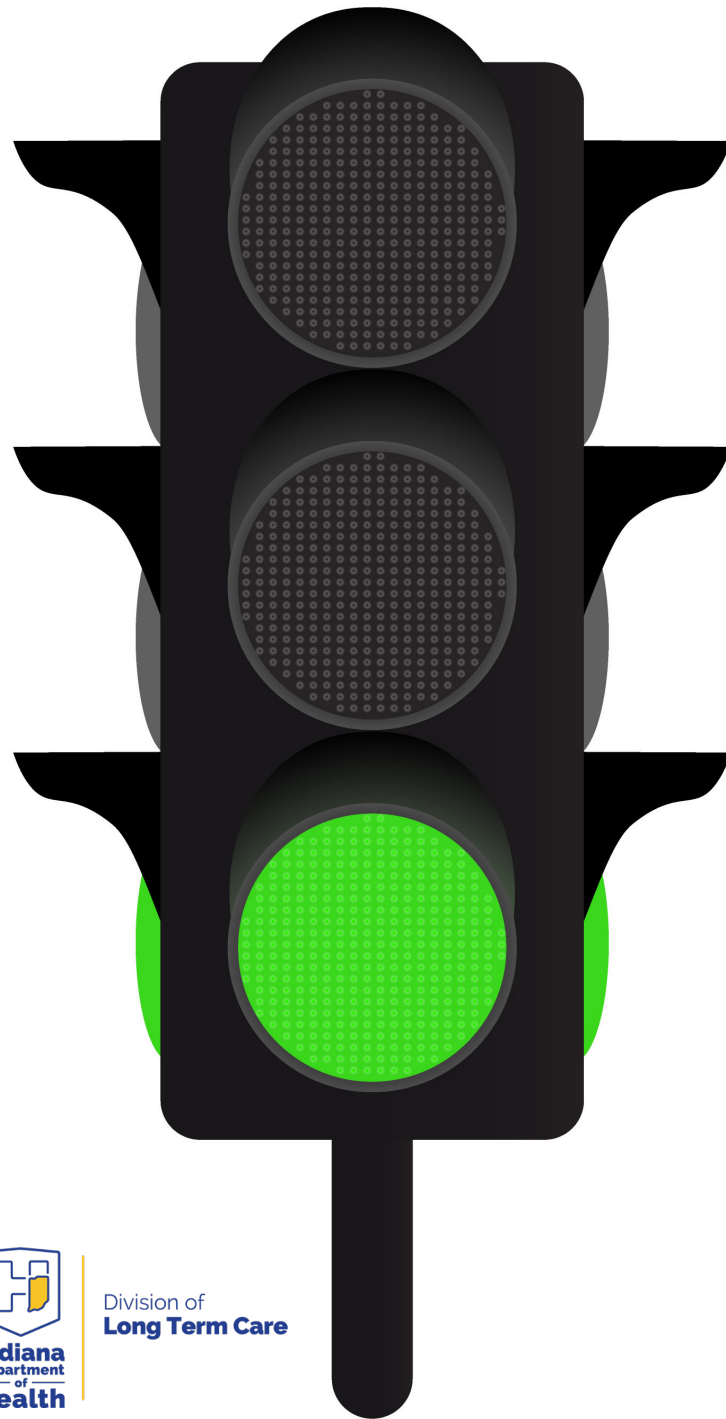
(14) COVID-19 vaccine should be offered to all healthy, eligible individuals without medical contraindications. Providers must obtain consent from a parent or guardian for any individual under age 18 who is eligible to receive the COVID-19 vaccine.

(15) Individuals with suspected break-through disease should be investigated and managed as a confirmed COVID-19 case.

(16) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

<https://ndc.services.cdc.gov/conditions/coronavirus-disease-2019-covid-19/>.





**GREEN ZONE**  
STANDARD PRECAUTIONS  
**GENERAL POPULATION**



**PPE REQUIRED:**  
**UNIVERSAL SURGICAL MASK**  
or  
**(KN95-approved)**



**UNIVERSAL EYE PROTECTION\*: FACE SHIELD or GOGGLES-must cover top, bottom and sides of eyes with no gaps**

**(\*When providing care within 6 feet or less for all HCP regardless of vaccination status in substantial to high county transmission)**



**GLOVES**



**HAND HYGIENE AND STANDARD PRECAUTIONS including Hand Hygiene in ALL ZONES**



## YELLOW ZONE



**TRANSMISSION BASED PRECAUTIONS**



**CONTACT DROPLET**



**PPE REQUIRED: N95 MASK**



**UNIVERSAL \*EYE PROTECTION: Faceshield or goggles must cover top, bottom and sides of eyes with no gaps (\*For all HCP regardless of vaccination status)**



**Single gown - with each encounter  
GOWNS MUST BE SINGLE USE PER RESIDENT**

**IF CRISIS CAPACITY-FOLLOW THIS RULE  
ONE GOWN PER EACH STAFF MEMBER, PER  
EACH RESIDENT, PER SHIFT)**

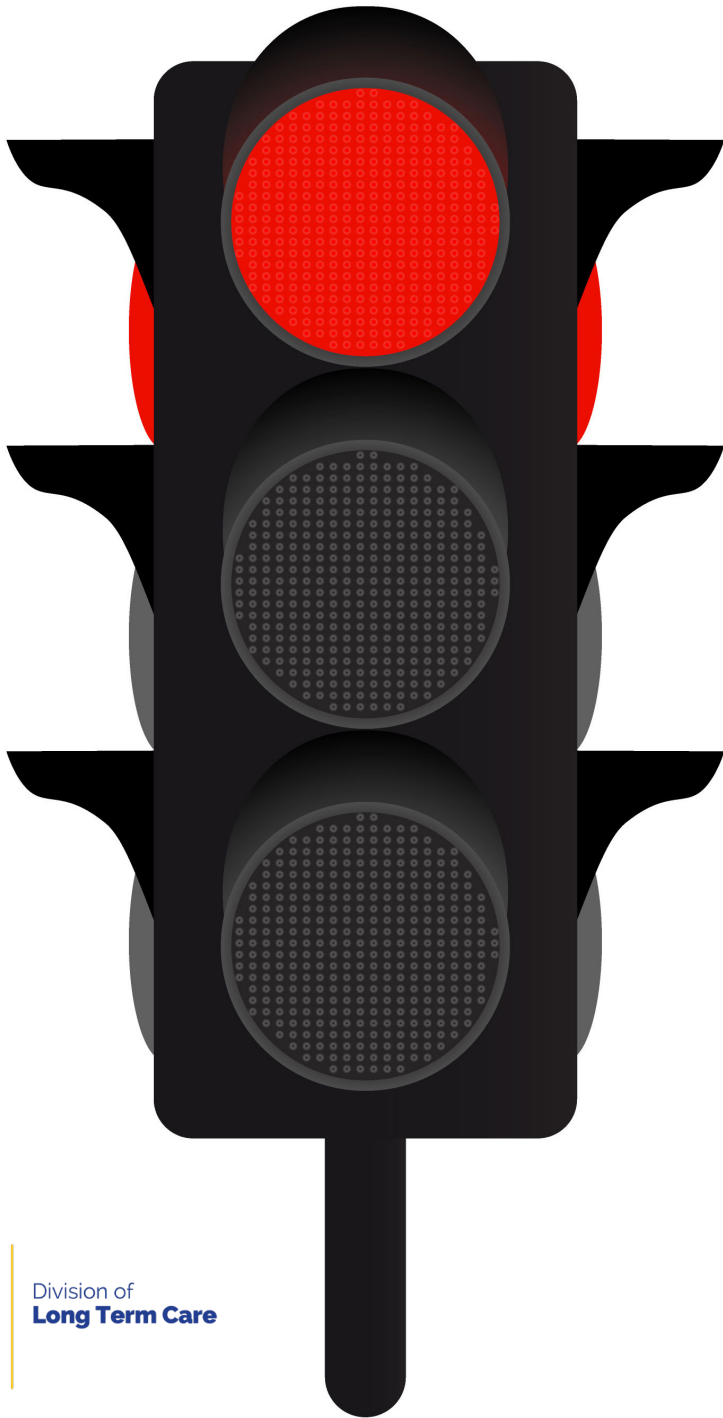


**GLOVES (hand hygiene donning/doffing)**



Indiana  
Department  
of  
Health

Division of  
Long Term Care



## RED ZONE



**TRANSMISSION BASED PRECAUTIONS**



**CONTACT DROPLET**



**PPE REQUIRED TO ENTER THIS ROOM/ZONE:**



**N95**



**\*EYE PROTECTION: Faceshield or goggles must cover top, bottom and sides of eyes with no gaps (\*For all HCP regardless of vaccination status)**



**GOWN (new gown each entry in the hot zones)**

**GOWNS MUST BE SINGLE USE PER RESIDENT – IF CRISIS CAPACITY: Extended wear gown use only in resident care area clean gowns in nurses stations and break rooms)**



**GLOVES – frequent hand hygiene (donning & doffing of gloves)  
DESIGNATED STAFF ONLY**



Indiana  
Department  
of  
Health

Division of  
Long Term Care

# Visitation and Mask Usage FAQs



## **Q: Can we establish visitation hours?**

A: Visitation hours, if established, should be at least nine hours long for skilled facilities, and 12 hours for residential facilities. Facilities **MUST** still allow visitation outside these hours.

## **Q. Can the number of visitors be limited?**

A. In the semi-private room and necessary to promote social distancing, the facility may limit visitors, but such limitation must still allow for at least two visitors, **per resident at any given time**.

- In a private room, a vaccinated resident may have any number of vaccinated visitors at one time as space allows.
- In a semi-private room, more than one **visitor/per resident** must be allowed if desired but must be able to ensure **social distancing**. The privacy curtain should be pulled. If the room is small, you may encourage having one resident have visitors outside the room.

## **Q. Is proof of a visitor's vaccination status required?**

A. No, the visitor should be asked if they are vaccinated.

## **Q. Can a newly admitted unvaccinated resident have visitors?**

A. Newly admitted resident should be allowed visitors under the Compassionate Care (CC) or Essential Family Caregiver (EFC) guidance, however they are not to have unlimited visitors.

## **Q. How can the return to conventional mask use (universal controls) be done if wearing masks all the time?**

A. Universal source control (procedure masks for healthcare personnel [HCP] and cloth mask for residents) has not changed and should be worn in all resident care areas for HCP and residents who are not vaccinated at all times. Vaccinated residents have the ability to choose to not wear masks in activities where all persons are fully vaccinated. Staff may still wear the same procedure mask the entire shift and change them when wet or soiled or after breaks based on facility guidelines.

## **Q. How can the return to conventional mask use for N95 respirators occur and how do we transition from KN95 per CDC/FDA guidance be done?**

A. CDC recommendations include moving to conventional use for N95 respirators when used in transmission-based precautions (TBP) for COVID 19. Also, the CDC specifically asks facilities to transition use of the approved KN95 and replace with NIOSH approved N95. It is OK to use up any KN95 stockpile for universal source control in place of procedure masks and in TBP. Both should be used with conventional use not crisis capacity or re-use.

**Situational update as of May 2021:** 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 at this time and should promptly resume conventional practices.



1. Check the [NIOSH Certified Equipment List](#) to identify all NIOSH-approved respirators.
2. 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.
3. Respirators that were previously used and decontaminated should not be stored.
4. 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.
5. Healthcare facilities should return to using only NIOSH-approved respirators where needed.

**Q: Can vaccinated HCP in non-resident areas, such as the kitchen, laundry or private offices, unmask with other vaccinated HCP?**

A: Yes, at these times:

- **Private office or break room:** Yes, when alone or with other vaccinated HCP. Mask should be available for donning if unvaccinated persons enter. If HCP’s vaccine status is unknown, consider the staff member unvaccinated.
- **Kitchens:** Yes, as long as residents are not in the kitchen, and when the kitchen staff wear a mask when they go into the dining room. Also, staff should mask if there are any fans blowing in the kitchen as in the end of day on the floor.
- **Laundry:** Yes, they can unmask if they work alone or if with a fully vaccinated co -worker. When HCP come and go into the laundry they need to mask or if there is a fan in the area then mask would be advised. If they are doing COVID laundry, then gown, gloves, and mask.
- If resident accessible areas including nurses’ station, these don’t apply

**Q: Can vaccinated HCP unmask in resident care areas, such as the nurse’s station, hallways, resident rooms or the dining room?**

A: No, not at this time.

**Q: When housekeeping is using a fan to dry a floor after cleaning/waxing, is that considered an aerosol generating procedure?**

A: Yes. Staff must wear proper PPE according to the zone where the fan is in use.

**Q: Can visitor dine with the residents?**

A: Fully vaccinated residents and fully vaccinated visitors may dine together if it is in private room, with pulled curtain in a semi-private room, or in a private dining area. Visitors are not allowed to dine in common dining area.





# COVID-19 Vaccine: It's our shot, Hoosiers

Learn more or find a vaccination site near you at [OurShot.IN.gov](https://OurShot.IN.gov).  
Save time by making an appointment, but walk-ins are welcome.

Here's a breakdown of how the vaccine is working in Indiana:

## BEST reasons to get vaccinated

Once you're fully vaccinated (two weeks after the last dose), you can start doing many of the activities you stopped because of the pandemic:

- If you are fully vaccinated, you can participate in many of the activities that you did before the pandemic.
- To maximize protection from the Delta variant and prevent possibly spreading it to others, wear a mask indoors in public if you are in an area of substantial or high transmission.
- Wearing a mask is most important if you have a weakened immune system or if, because of your age or an underlying medical condition, you are at increased risk for severe disease, or if someone in your household has a weakened immune system, is at increased risk for severe disease, or is unvaccinated. If this applies to you or your household, you might choose to wear a mask regardless of the level of transmission in your area.
- You should continue to wear a mask where required by laws, rules, regulations, or local guidance.



[Learn more](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html) from the Centers for Disease Control and Prevention:

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



## Vaccine by the numbers

All three vaccines available in Indiana have been studied by experts and are safe and effective. COVID-19 vaccines are highly successful in preventing severe illness and death.

- Each of the three vaccines is **99** percent effective at preventing severe illness and death.
- Unvaccinated Hoosiers make up **98%** of COVID-19 cases in Indiana

## Know the risks of hospitalization if you are infected with COVID-19:

### FULLY vaccinated



**1 in 18,795**

YOUR ODDS OF BEING  
HOSPITALIZED AFTER BEING  
FULLY IMMUNIZED

### NOT vaccinated



**1 in 237**

YOUR ODDS OF BEING  
HOSPITALIZED WITHOUT  
VACCINATION (JAN 18-NOW)



# COVID-19 Vaccine: It's our shot, Hoosiers

Learn more or find a vaccination site near you at [OurShot.IN.gov](https://www.ourshot.in.gov).  
Save time by making an appointment, but walk-ins are welcome.

## Experts continue to study the vaccines

A serious reaction to any of the three vaccines is rare. If one does happen, it's reported to the Vaccine Adverse Event Reporting System (VAERS) and studied by medical experts. For example, that's how the risk of rare but serious blood clots with low platelets from Johnson & Johnson vaccine was discovered. It is important to keep in mind the low risk of this rare adverse event compared to the greater risk of getting COVID-19.

### Know the risk:

#### Risk of getting blood clots with low platelets from Johnson & Johnson:

- **1 per million** for men of all ages and women 50 and older.
- **Seven per million** for women ages 18-49

#### Risk of getting blood clots from a COVID-19 infection:

- **165,000 per million**

The mRNA vaccines like Pfizer and Moderna have not shown any increased risk of clotting.

- **Myocarditis and Pericarditis Following mRNA COVID-19 Vaccination:** These reports are rare, given the hundreds of millions of vaccine doses administered, and have been reported after mRNA COVID-19 vaccination, particularly in adolescents and young adults. [View the latest information.](#)
- **The CDC and FDA are monitoring reports of Guillain-Barré Syndrome (GBS) in people who have received the J&J/Janssen vaccine.**

## What the vaccine doesn't do

- **The vaccine won't change your DNA.** The vaccine simply teaches our immune system how to make a protein that will trigger an immune response if infected. It doesn't change the make-up of your cell's DNA.
- **There is no evidence that COVID-19 vaccines cause fertility problems or problems trying to get pregnant.** Although the overall risk of severe illness is low, pregnant people are at an increased risk for severe illness from COVID-19 when compared with non-pregnant people. Additionally, pregnant individuals with COVID-19 might be at increased risk of adverse pregnancy outcomes, such as preterm birth, compared with pregnant women without COVID-19.
- **The vaccines don't contain a microchip** or any other sort of device. It is not a tracking mechanism.
- **A COVID-19 vaccine can't make you sick with COVID-19.** None of the authorized and recommended COVID-19 vaccines contain the live virus that causes COVID-19. **You may have some side effects, which are normal signs that your body is building protection.** These side effects may affect your ability to do daily activities, but they should go away in a few days. Some people have no side effects.
- **After you get a COVID-19 vaccine, you won't test positive for COVID-19 on a viral test.** None of the authorized and recommended COVID-19 vaccines cause you to test positive on viral tests, which are used to see if you have a current infection. If your body develops an immune response to vaccination, you may test positive on some antibody tests. Antibody tests indicate you had a previous infection and that you may have some protection against the virus.
- **An allergic reaction to the vaccine is rare.** The CDC recommends that people get vaccinated even if they have a history of severe allergic reactions not related to vaccines or injectable medications—such as food, pet, venom, environmental, or latex allergies. People with a history of allergies to oral medications or a family history of severe allergic reactions may also get vaccinated. Risk of an anaphylactic reaction has been reported to be 2.5-5 per million. **Talk with your healthcare provider.**

## Who can get the vaccine?

The Pfizer vaccine is approved and available for anyone age 12 and older. The Moderna and Johnson & Johnson (Janssen) vaccines are approved and available for anyone age 18 and older.

# Symptoms of Coronavirus (COVID-19)

**Know the symptoms of COVID-19, which can include the following:**



**Symptoms can range from mild to severe illness, and appear 2–14 days after you are exposed to the virus that causes COVID-19.**

## Seek medical care immediately if someone has Emergency Warning Signs of COVID-19

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.



**Centers for Disease  
Control and Prevention**  
National Center for Emerging and  
Zoonotic Infectious Diseases

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

# Síntomas del coronavirus (COVID-19)

Conozca los síntomas del COVID-19, que pueden incluir:



Los síntomas pueden ser de leves a graves, y aparecer de 2 a 14 días después de la exposición al virus que causa el COVID-19.

**Busque atención médica de inmediato si alguien tiene signos de advertencia de una emergencia del COVID-19**

- Dificultad para respirar
- Dolor o presión persistentes en el pecho
- Estado de confusión de aparición reciente
- No puede despertarse o permanecer despierta
- Color pálido, gris o azulado de la piel, los labios, o el lecho de las uñas, dependiendo del tono de piel

Esta lista no incluye todos los síntomas posibles. Llame a su proveedor de atención médica si tiene cualquier otro síntoma que sea grave o que le preocupe.



Centers for Disease Control and Prevention  
National Center for Emerging and Zoonotic Infectious Diseases

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

# Visitation Requirements Guidelines

## for Long-Term Care facilities



### OUTDOOR VISITATION

- Create accessible & safe spaces
- **MUST** continue except during inclement weather or resident health status changes
- COVID-19 outbreak status is **NOT** considered a reason to suspend outdoor visitation



### INDOOR VISITATION

**\*\*Indoor visitation MUST always be allowed. (\*\* Indoor visitation during an outbreak investigation and \*\*Visitation while resident in in Transmssion-based precautions)**

- Length of visit should **NOT** be limited
  - o Semi-private room – If the roommate of the resident is unvaccinated or immunocompromised, avoid visitation inside the room as much as possible. If the resident's status does not allow leaving the room, conduct in-room visitation while adhering to core principles of infection prevention. In such case, privacy curtain must be pulled.
  - o Private room – Vaccinated resident any number of vaccinated visitors as space allows
  - o No limit to number of visits per day/week, including same visitor daily



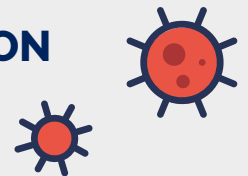
**\*\*Resident may have any number of visitors as space allows while physical distancing is still maintained.**

### INDOOR VISITATION DURING AN OUTBREAK INVESTIGATION

While safer to avoid visitation during an outbreak, it is still allowed. Visitors should be made aware of the potential risk of visiting during an outbreak investigation. During an outbreak, visits should ideally occur in the resident's room. Visitors must **wear face masks** regardless of vaccination, practice **good hand hygiene**, and **physical distancing**.

### VISITATION WHILE A RESIDENT IS IN TRANSMISSION BASED PRECAUTIONS:

While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting face mask (if tolerated). Visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident in TBP. Visitors should adhere to the core principles of infection prevention and follow the signage that indicates the proper PPE to wear during the visit.





# Employee Screening Tool – FIT FOR DUTY

DATE OF SCREENING: \_\_\_\_\_

TIME OF SCREENING: \_\_\_\_\_

NAME OF SCREENER: \_\_\_\_\_

SIGNATURE OF SCREENER: \_\_\_\_\_

NAME OF EMPLOYEE: \_\_\_\_\_

SIGNATURE OF EMPLOYEE: \_\_\_\_\_

TEMP (coming on shift): \_\_\_\_\_

SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Have you tested positive for COVID-19? • If YES, when was that test done? _____			<b>If YES and it has been fewer than 2 weeks ago - STOP, please see IP for direction.</b>
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Have you had close contact with someone who has tested positive for COVID-19 within the past 14 days WITHOUT wearing proper PPE?			<b>If YES - STOP, please see IP for direction.</b>
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Are you currently ill?			<b>If YES - STOP, please see IP for direction.</b>
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Do you have symptoms of a cold, cough, shortness of breath or temporarily lost your sense of taste or smell? Do you have symptoms of nausea/vomiting or diarrhea?			<b>If YES - STOP, please see IP for direction.</b>
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Do you currently have a fever, or have you had a fever or felt like you had a fever in the past 24 hours without taking fever reducing medications?			<b>If YES - STOP, please see IP for direction.</b>
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Do you live with someone who is in quarantine due to a COVID-19 exposure? (Are you taking proper precautions for this such as not sharing bedroom, bathroom, food drinks, wearing masks if less than 6 feet of each other during quarantine time of 14 days).			<b>If YES - STOP, please see IP for direction.</b>
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Have you traveled in the last fourteen days that potentially exposed you to any close contact with someone who was diagnosed with COVID-19 or had symptoms of COVID-19?			<b>If YES- Answer the next question. If NO- Skip the next question.</b>
Have you been fully vaccinated?			<b>If NO - STOP, please see IP for direction.</b>

## IF YOU ARE FEELING ILL, YOU SHOULD NOT REPORT FOR DUTY

This information serves as an informative in-service education for the employee on the screening questions for COVID-19. It is the responsibility of every employee to notify the facility of any signs/symptoms of illness as noted above, or any contact/exposure to a confirmed COVID-19 case. Any questions regarding this education training should be discussed with the Facility Infection Preventionist (IP) or Facility Management. Ongoing monitoring will be done per state and federal guidance.

# Employee Screening Tool – FIT FOR DUTY

For Fully Vaccinated Employees Only

**ARE YOU FULLY VACCINATED?** (Two weeks after completing both shots of the two-shot series OR completed the single shot of Johnson and Johnson vaccine): **YES/ NO**

**If not fully vaccinated, please use the other employee screening tool.**

Date of screening: \_\_\_\_\_

Time of screening: \_\_\_\_\_

Name of screener: \_\_\_\_\_

Signature of screener: \_\_\_\_\_

Name of employee: \_\_\_\_\_

Signature of employee: \_\_\_\_\_

Temp (coming on shift): \_\_\_\_\_

SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Have you tested positive for COVID-19? If YES, when was that test done? _____			<b>If YES and it has been fewer than 2 weeks ago - STOP, please see IP for direction.</b>
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Are you currently ill?			<b>If YES - STOP, please see IP for direction.</b>
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Do you have symptoms of fever, cold, cough, shortness of breath or temporarily lost your sense of taste or smell? Do you have symptoms of nausea/vomiting or diarrhea?			<b>If YES - STOP, please see IP for direction.</b>

## **IF YOU ARE FEELING ILL, YOU SHOULD NOT REPORT FOR DUTY**

This information serves as an informative in-service education for the employee on the screening questions for COVID-19. It is the responsibility of every employee to notify the facility of any signs/symptoms of illness as noted above, or any contact/exposure to a confirmed COVID-19 case. Any questions regarding this education training should be discussed with the facility infection preventionist (IP) or facility management. Ongoing monitoring will be done per state and federal guidance.



## BACKGROUND

On Friday April 2, 2021, the Centers for Disease Control and Prevention updated the guidance on both domestic and international travel during COVID-19 and what fully vaccinated people can do: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>.

Travel is defined as use of public transportation both domestic and international- (e. g. airplane, bus, train). Commuting to work is not considered in using the travel guidance. Staff need to practice core principles of infection control outside of work, no matter what role they are in within the LTC community, due to the vulnerability of the residents and potential risks.

CDC recommends delaying travel until you are fully vaccinated because travel increases your chance of getting and spreading COVID-19. If you are not fully vaccinated and must travel, follow CDC's recommendations for unvaccinated people.

CDC will update these recommendations as more people are vaccinated, as rates of COVID-19 change, and as additional scientific evidence becomes available.

## UPDATED INFORMATION FOR TRAVELERS: FULLY VACCINATED

- Fully vaccinated travelers are less likely to get and spread COVID-19.
- People who are fully vaccinated with an FDA-authorized vaccine can travel safely within the United States:
  - Fully vaccinated travelers do not need to get tested before or after travel unless their destination requires it
  - Fully vaccinated travelers do not need to self-quarantine if asymptomatic
- International travel poses additional risk and even fully vaccinated travelers are at increased risk for getting and possibly spreading new COVID-19 variants. CDC recommends delaying international travel until you are fully vaccinated.
- For international travel, you are required to have a negative COVID-19 test result no more than 3 days before travel or documentation of recovery from COVID-19 in the past 3 months before boarding a flight to the United States. Additionally, you will need to get a viral test 3-5 days after arrival.
- Fully vaccinated travelers should still follow CDC's recommendations for traveling safely including:
  - Wear a mask over your nose and mouth
  - Stay 6 feet from others and avoid crowds
  - Wash your hands often or use hand sanitizer

### Fully Vaccinated definition:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson (Janssen) vaccine

If you don't meet these requirements, you are NOT fully vaccinated. Keep taking all [precautions](#) until you are fully vaccinated.



## UPDATED INFORMATION FOR TRAVELERS: UNVACCINATED

Consider delaying travel until you are fully vaccinated. If you are not fully vaccinated and must travel, take the following steps to protect yourself and others from COVID-19:

- Before you travel:
  - Get tested with a viral test 1-3 days before your trip.
- While you are traveling:
  - Wear a mask over your nose and mouth. **Masks are required** on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.
  - Avoid crowds and stay at least 6 feet/2 meters (about 2 arm lengths) from anyone who is not traveling with you.
  - Wash your hands often or use hand sanitizer (with at least 60% alcohol).
- After you travel:
  - **Get tested with a viral test 3-5 days** after travel **AND** stay home and self-quarantine for a full 7 days after travel.
    - Even if you test negative, stay home and self-quarantine for the full 7 days.
    - If your test is positive, **isolate** yourself to protect others from getting infected.
  - If you don't get tested, stay home and self-quarantine for 10 days after travel.
  - Avoid being around people who are at **increased risk for severe illness** for 14 days, whether you get tested or not.
  - Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
  - Follow all **state and local** recommendations or requirements.

### Check Travel Restrictions

- State, local, and territorial governments may have travel restrictions in place, including testing requirements, stay-at-home orders, and **quarantine** requirements upon arrival. For up-to-date information and travel guidance, check the **state or territorial and local** health department where you are, along your route, and where you are going. Prepare to be flexible during your trip as restrictions and policies may change during your travel. Follow all state, local, and territorial travel restrictions.
- Traveling Internationally? Check CDC's **COVID-19 Travel Recommendations by Destination** before planning your trip.

## ADDITIONAL RESOURCES

Please email Dr. Shireesha Vuppalanchi ([svuppalanchi@isdh.in.gov](mailto:svuppalanchi@isdh.in.gov)) or Matt Foster ([mfoster@isdh.in.gov](mailto:mfoster@isdh.in.gov)) for more information.





### PURPOSE

There are unique challenges in managing COVID-19 in persons with cognitive impairment. These individuals may have difficulty wearing a mask, may not remember to wash their hands, may not cover their mouth when they cough, and may not on their own be able to abide by social distancing practices. As such, we understand the challenges long-term care facilities (LTCFs) have in preventing COVID-19 from spreading among their residents with cognitive impairment and caring for those who test positive. The following are a framework to help LTCFs prevent and mitigate the spread of COVID-19 in memory care areas. These guidelines, in addition to those provided by the [Centers for Disease Control and Prevention](#) (CDC), are to assist in the care of residents in assisted living facilities or other specialized/free standing memory care units. Care for these residents should be person-centered and individualized.

### RECOMMENDATIONS

When a person in a memory care unit is suspected of having COVID-19 we recommend the following:

- Follow Indiana State Department of Health's (ISDH's) the infection control practices outlined in the ISDH longterm care [checklist](#).
- Test all the residents and staff in the memory care unit for COVID-19 as soon as possible. To facilitate rapid testing, requests for an ISDH Strike teams can be made at [striketeamrequest@isdh.in.gov](mailto:striketeamrequest@isdh.in.gov).
- While test results are pending residents are to be kept in the same unit but confined, if possible, to their rooms; roommates can be kept together while test results are pending.
- Once test results are back residents should be separated based on their test results.

### COHORTING

Patients should be cohorted depending on COVID-19 status. Colors can be used on facility maps to help visualize testing results to facilitate moving of residents.

- **COVID-19 Positive (Red)** – These are residents who are confirmed COVID-19 positive and who, based on [CDC criteria](#), still warrant transmission based precautions. These residents should be placed in transmission based precautions (droplet and contact) and cohorted into a COVID-19 wing, floor, or building. If facilities have dedicated COVID-19 memory units, residents may continue to socialize so long as there are no COVID-19 negative residents or residents with unknown COVID-19 status in these units.
- **Unknown COVID-19 status (Yellow)**: All residents in this category warrant transmission based precautions (droplet and contact.)
  - **Waiting for test results** – These are residents whose COVID-19 status is unknown. This can include residents who have been tested and are waiting on results, or residents who are admitted, or readmitted, to a facility where they are likely to have been exposed to COVID-19 (e.g., transferred from a facility with an outbreak). Residents in this category should, if possible, be isolated from residents with a known COVID-19 status (both positive and negative). Residents in this category who have been tested and are waiting on results, may stay in their facility location until test results are back. This can include remaining with a roommate who is



known to be COVID-19 positive if no other private rooms are available. After test results are back residents should be moved to the appropriate area of the facility.

For a resident who tests negative for COVID-19, but has had a roommate who is positive, it is not recommended to place them with another roommate until 14 days after their exposure, assuming they have not developed symptoms or had a positive tests.

- **Symptom Observation** – Residents in yellow status who do not undergo testing can be transferred to the COVID-19 negative areas of the facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period can be done by the facility to increase the certainty that the resident is not infected. Residents who develop symptoms while being observed should be tested and moved accordingly.
- **COVID-19 Negative (Green)** – These include residents who are asymptomatic and not suspected to have COVID-19, asymptomatic residents who have had a negative test, and residents who have recovered from COVID-19 and meet CDC criteria for removing transmission-based precautions. If despite negative testing there remains clinical uncertainty around a resident’s COVID-19 status, the resident should be placed in isolation (yellow status) until additional testing can be done. Droplet precautions are in place for all healthcare providers and masks are to be worn during direct care due to ongoing community transmission. Standard precautions (wearing of gown and other PPE as needed per individual resident needs) should be followed.

### CREATING SEPARATE MEMORY CARE AREAS

Those facilities that can separate COVID-19 positive from COVID-19 negative memory care residents into separate memory care units should do so. These units should be closed and should prevent the socializing of residents with COVID-19 from those without COVID-19. For residents with private apartments and private bathrooms, they can be cohorted in their own rooms. This depends on the following:

- They are not rooming with a resident of different COVID-19 status
- Resident can be safely isolated in their room
- Facility can use person-centered approaches to keep residents from wandering and interacting with residents with different COVID-19 status
- Providers can use appropriate PPE when interacting with resident
- Infection control measures within the area can be maintained and matched appropriately to COVID-19 status

### STRATEGIES TO CARE FOR RESIDENTS OUTSIDE OF MEMORY CARE UNITS

Those facilities that cannot create separate memory care units for cohorting must move asymptomatic COVID-19 negative residents out of the memory care unit (or move out positive residents – whichever is disruptive to the least number of residents). These residents should be moved to other areas of the facility. They should be monitored for symptoms for 14 days after being moved. If possible, these residents should be placed in their own room. If that is not possible, then residents who are COVID-19 negative moving from the same memory care unit can be placed in the same room.



If testing finds that the majority of persons with COVID-19 in a memory care unit are COVID-19 negative, then the COVID-19 positive residents could be moved out of the memory care area into a COVID-19 dedicated part of the facility. Best practice dementia care is person-centered, tailored to the abilities and changing needs of the resident. Persons with dementia who experience a disruption in their environment or acute illness have a higher risk of increased behaviors. Non-pharmacologic approaches should be used to tailor care and promote safety. For example, residents who wander may need increased one-on-one supervision to prevent them from entering areas of the facility housing residents with a different COVID-19 status. In addition to facility staff, care in this setting may be augmented, at the facility's discretion and upon the approval of the resident or their representative, by an outside caregiver (e.g., family caregiver, a private personal caregiver, or a volunteer caregiver). These outside caregivers may be considered essential providers. The facility will apply similar restrictions to these caregivers as with their own essential staff including being screened upon entering the facility for any signs and symptoms of COVID-19 and standard infection control practices including proper use of PPE. The facility will take corrective action should an outside caregiver be non-compliant with the restrictions as placed on essential staff of the facility

Special care suggestions for persons with dementia who need to be moved out of the memory care unit and adapt to a change in their environment include the following:

- Attempt to keep the living environment as familiar as possible, and including personal items and surroundings; use visual cues and signage
- Minimize changes in daily routine.
- Maintain continuity of staff and relationships as possible.
- Provide all caregivers personal information about the individual allowing for person-centered care.
- Help keep family and friends connected.
- Share photographs of family and friends; play familiar music.
- Assist with eating and drinking.
- Provide activities and a safe space for a person with dementia to walk about.
- Observe and respond to dementia-related behaviors that may be expressions of pain, hunger, fear, frustration, boredom or overstimulation.
- Provide dementia care training to caregivers assigned to residents with dementia.

If the consistent use of non-pharmacological intervention (s) is ineffective, then the use of psychotropic medication(s) (i.e., pharmacologic intervention) may be appropriate when individuals living with dementia have severe behavioral symptoms that create the potential to harm themselves or others. Continued need for pharmacological intervention(s) should be reassessed frequently and as required by the medication regimen, and/or upon a change in the resident's condition.

### ADDITIONAL INFORMATION

Questions about COVID-19 may be directed to the ISDH COVID-19 Call Center at the toll-free number 877-826-0011 (8 a.m. to 8 p.m., daily).



Additional information and resources for COVID-19 are available at the links below.

- CDC reference – [https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-termcare.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcarefacilities%2Fprevent-spread-in-long-term-care-facilities.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-termcare.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcarefacilities%2Fprevent-spread-in-long-term-care-facilities.html).
- CDC COVID-19 webpage: <https://www.cdc.gov/coronavirus/>
- ISDH COVID-19 webpage: <https://coronavirus.in.gov>
- Alzheimer’s Association: [https://alz.org/media/Documents/COVID-19-EmergencyTips\\_LongTermCommunityBasedDementiaCare\\_AlzheimersAssociation.pdf](https://alz.org/media/Documents/COVID-19-EmergencyTips_LongTermCommunityBasedDementiaCare_AlzheimersAssociation.pdf)

### BACKGROUND

COVID-19 is a highly infectious viral illness that is spread by respiratory droplets. While the risks of outbreaks can be reduced by various infection control measures (e.g., hand washing, mask wearing), indoor airflow patterns can also contribute to virus particle spread. A recent [CDC analysis](#) of a COVID outbreak linked to exposure in a restaurant in China, associated the airflow pattern in the restaurant with who developed COVID-19. Because airflow can increase the transmission of viruses the following are environmental considerations that can be used in congregate settings to decrease viral transmission.

### RECOMMENDATIONS

When implementing any of these recommendations, particularly in the summer, facilities are reminded to maintain comfortable and safe temperatures as required by state and federal law.

**Open windows:** Weather and safety permitting, opening windows is the easiest way to delivery outside air directly to a room. This increases the total air change rate thereby decreasing the time viral particles are in the air. Facilities should be mindful of HVAC system operations as open windows will increase strain on air conditioning systems in the summer months.

**Increased humidity:** A relative humidity rate above 40% has been shown to decrease the survival of coronaviruses. Facilities that can centrally control humidity should target a rate between 40 – 60%. Alternatively, in-room humidification can be used and may decrease the likelihood of over humidification and mold growth.

**Open blinds:** Sunlight reduces the survival of many viruses. In addition, sunlight has other positive health benefits. Where feasible, facility administrators should encourage blinds and shades to be opened

**Air conditioning:** Although the flow of air from air condition units has been associated with viral spread, these units should not be turned off. Doing this would increase the duration of time infectious viral particles are suspended in the air. Rather conditioning systems should increase the percentage of outside air mixed in to the highest level possible.

**Filters:** Although they do not filter out 100% of viral particles, inline filters with higher minimum efficiency reporting values (MERV) can filter out more viral particles. Residential and commercial filtration systems typically require a minimum efficiency reporting value (MERV) of 8, which removes at least 70% of particles ranging from 3.0 to 10.00 um. In critical care settings, MERV-13 or higher are typically recommended. While there is not a specific recommendation by the CDC on what MERV filter should be used, it is generally recommended to use the highest compatible filter with your system. For those facilities with systems that will accommodate them, large-scale high-efficiency particulate (HEPA) air filters can be installed. Regardless of the type of filter, they will need to be replaced more often.



### RESOURCES

Additional information and resources for COVID-19 are available at the links below.

- <https://msystems.asm.org/content/5/2/e00245-20>
- [https://www.ashrae.org/file%20library/about/position%20documents/pd\\_infectiousaerosols\\_2020.pdf](https://www.ashrae.org/file%20library/about/position%20documents/pd_infectiousaerosols_2020.pdf)
- CDC COVID-19 webpage: <https://www.cdc.gov/coronavirus/>
- ISDH COVID-19 webpage: <https://coronavirus.in.gov>

#### BACKGROUND

In keeping with the intent of Indiana State Health Commissioner Kristina M. Box's [order](#) concerning COVID-19 reporting, Centers for Disease Control and Prevention (CDC) guidance, and the Centers for Medicare & Medicaid Services (CMS) emergency regulations (CMS QSO-20-26-NH, 4/19/20), the Indiana State Department of Health (ISDH) is requiring long-term care facilities (nursing facilities, skilled nursing facilities, residential facilities and assisted-living facilities) to provide to residents and their designated representatives the following:

1. How the facility is handling issues with care and staff shortages
2. General information about COVID-19
3. The number of residents and staff who have tested positive and the number of "new" positive cases (those in the last 14 days)
4. The number of residents who have died due to the virus
5. Facility mitigation actions implemented to reduce the risk of COVID-19 transmission, including if normal operations of the facility have to be altered

Communicating this information to residents and their designated representatives is critical to calming concerns and fears, as well as addressing potential misinformation. In addition, long-term care facilities must communicate facility COVID-19 status to potential residents and designated representatives prior to any admission. Long-term care facilities are also encouraged to develop COVID-19 communication strategies with other family members in addition to the resident's designated representative.

#### COMMUNICATION REQUIREMENTS

1. Assign a staff person in the unit or facility to be the contact person for residents and their designated representatives – someone they can speak to about their concerns.
  - Provide a secondary number for residents and their designated representatives to call in case staff voicemail boxes are full or cannot accept messages, OR
  - Have a compliance or customer service hotline available.
2. The guidelines for cumulative updates to residents, designated representatives, and families is changing from daily to **weekly**. In addition, anytime a confirmed COVID-19 infection is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other the facility must communicate this to residents, designated representatives and families by the next calendar day.
3. The Ombudsman office is changing the submission of COVID-19 information from weekly to **monthly**. This information can be sent with the emergency transfer information. The [Facility Emergency Transfer Form](#) has been revised to include the COVID-19 information. This form is optional. Facilities can continue to use their current forms or spreadsheets. Reports can be submitted to the local or state [Ombudsman](#). *Please note the local Ombudsmen work with numerous facilities throughout several counties so this information must be provided in a consistent format.*
4. Local Ombudsman [contact information](#) should be provided to every resident and designated representative so they know there is someone they can communicate with when they are unsuccessful in reaching out to facility staff or are not being heard.

## Long-term Care Facility Communication Guidelines

### Informing Family Members during COVID-19

The virus that causes COVID-19 is thought to spread mainly from person-to-person, between people who are in close contact with one another (within about 6 feet) through respiratory droplets when an infected person coughs or sneezes. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose or possibly their eyes, but this is not thought to be the main way the virus spreads.

#### ADDITIONAL SUGGESTED COMMUNICATION STRATEGIES

An additional way to effectively communicate with families is to establish a facility listserv or chat room where staff members provide a daily “briefing” to residents, designated representatives, and/or other family members about what is happening in the facility. The information released in these listservs should not include any identifying resident information.

Facilities can also develop a “What You Should Know” fact sheet that provides information about the novel coronavirus/COVID-19, or use existing information from the CDC, ISDH, or other organizations such as Consumer Voice’s COVID-19 and Nursing Homes: [What Residents and Family Need to Know](#). This should be written in easy-to-read language with explanations for medical terms.

For example:

- Define novel coronavirus, asymptomatic, etc.; explain differences between isolation and quarantine
- Discuss what will happen if residents show certain signs or symptoms
- Share how a resident is evaluated for testing criteria, when the testing can be expected to occur, and what criteria must be met in order to send a resident to the hospital
- Explain the facility's restricted visitation policy and how the facility will be implementing it (i.e., families can schedule a telephone call to stay connected and/or leave notes for the resident to read along with photos, alternative methods for communication, etc.). Ensure adaptive devices are available to the resident where appropriate, such as hearing aids and eyeglasses.
- Provide links to CDC and ISDH resources

#### ADDITIONAL INFORMATION

Additional information and resources for COVID-19 are available at the links below.

- CDC COVID-19 webpage: <https://www.cdc.gov/coronavirus/>
- ISDH COVID-19 webpage: <https://coronavirus.in.gov>



## PURPOSE

This guidance is consistent with the recommendations of the Centers for Disease Control and Prevention (CDC). The purpose of this document is to provide guidance to long-term care facilities (LTCFs), including nursing facilities and skilled nursing facilities, about discharging, admitting, and readmitting a resident from a hospital who has presumed or confirmed COVID-19. This guidance is based on currently available information about COVID-19 and will be refined and updated as more information becomes available and response needs change in Indiana.

## BACKGROUND

Due to the COVID-19 pandemic, the healthcare system as a whole is expected to experience increased patient volumes and limited availability of beds and personal protective equipment (PPE) supplies. Both hospitals and long-term care facilities (LTCFs) will have to expand the care for their patients and residents. To create and maintain the hospital capacity needed to continue to serve those who need emergency and intensive care during the COVID-19 outbreak, it is critical that there is a safe and expedient way for currently hospitalized presumed or confirmed COVID-19 positive patients who no longer have a need for acute hospital care to transition to LTCFs. By working together, hospitals and LTCFs will be able to deliver the best care possible during the COVID-19 pandemic.

[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(CDC 9.10.21\)](#)

## LOCAL AGREEMENTS

Local LTCFs and hospitals may collaborate to create their own transfer policies, which may require frequent adjustment based on local conditions. This can be done if local conditions warrant based on hospital resources (e.g., PPE, staffing, and bed occupancy), the care needs of the patients and LTCF resources (e.g. facility capacity for isolation and non-isolation care, PPE and staffing).

## EMERGENCY DEPARTMENT AND HOSPITAL TRANSFERS

The coronavirus pandemic has heightened the need for accurate and timely communication between LTCFs and emergency departments (ED) for transfer of patients between both settings. Residents should **not** be sent to the hospital for COVID-19 testing alone.

Transfers of a presumed or confirmed COVID-19 LTCF resident to an ED should be based on:

- The resident's medical needs determined by the LTCF clinical staff and attending physician;
- The LTCF's ability to provide the resident's medical care at the LTCF; and
- The patient's goals of care, including advance directives and decision for hospitalization.

The LTCF must accurately and timely communicate with EMS and the hospital on the transfer of a presumed or confirmed COVID-19 LTCF resident to a hospital. The hospital must accurately and timely communicate with EMS and the LTCF on the transfer of a presumed or confirmed COVID-19 LTCF resident to a LTCF.

### ADMISSION/RE-ADMISSION TO AN LTCF

Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for hospital discharge. **LTCFs are expected to accommodate hospital discharges of patients regardless of their COVID-19 status. However, local conditions will vary with LTCF capacities to care for presumed or confirmed COVID-19 patients. Hospitals and LTCFs must communicate about resource availability prior to admission/readmission to provide patient care while reducing risk of virus spread.**

The following protocols are recommended based on patient clinical status and COVID-19 testing. The determination of clinical concern for COVID-19 is to be made by the receiving facility in consultation with local clinical staff at the transferring facility. We encourage mutual communication with local hospitals, local health departments and the Indiana Department of Health (IDOH) about their ability to meet these needs.

If the hospital tested someone within 24 hours prior to discharge, receiving facility can skip testing upon arriving to the facility and make zone placement decisions based on the hospital test. If any new symptoms or exposure since the last test, patient should be tested again. LTCFs should not require a hospital to test a patient for COVID-19 before discharge if there is no clinical indication to test.

**1. Category 1: Patients for whom there is no clinical concern for COVID-19 (e.g., no fever, no new cough and no shortness of breath):**

These patients are acceptable for transfer to LTCF facility without COVID-19 testing. If requested, the hospital and ER staff should provide the basis for not testing.

**2. Category 2: Patients for whom there is clinical concern for COVID-19, but negative testing:**

If patients have negative COVID-19 testing during hospitalization, then they are acceptable for transfer to LTCFs.

**3. Category 3: Patients for whom there is clinical concern for COVID-19, and test results are pending:**

The patients should be accepted for transfer and remain in transmission-based precautions until the results of the COVID-19 test is known, or longer if positive test. A facility should not delay accepting the transfer of a patient because there is a pending test. If unvaccinated, follow TBP guidance for new admission for unvaccinated resident upon arrival to post-acute care facility.

**4. Category 4: Patients positive for COVID-19, but for whom transmission-based precautions have been discontinued:**

COVID-19 patients for whom transmission-based precautions have been discontinued may be transferred without restrictions. Patients meet discontinuation of transmission-based precautions when they are at 10 days from onset of symptoms (or date of positive test if asymptomatic), fever free for 24 hours, and improvement of symptoms. Patients with severe to critical illness or who are severely immunocompromised may transmit virus for up to 20 days since COVID-19 symptoms first appeared. Hospitals should provide information on whether the patient met criteria for severe to critical illness or who are severely immunocompromised. Facilities should not delay acceptance of transfer of patient to the LTC for them to meet discontinuation of transmission-based precautions.

**5. Category 5: Patients positive for COVID-19 and for whom transmission-based precautions are still required:**

A patient actively infected with COVID-19 but deemed ready for discharge by the hospital may be transferred to an adequately prepared facility. This includes the LTCFs being able to cohort patients and have appropriate infection control measures in place. (e.g. facility capacity for isolation and non-isolation care, PPE and staffing).

As outlined by IDOH and CDC, LTCFs can cohort residents by the creation of separate wings, units, floors, or building according to their COVID-19 status. These separated units should be clearly marked. LTCFs are strongly encouraged to install engineering controls in these units to reduce or eliminate exposures, including physical barriers or partitions to guide residents through triage areas and curtains between patients in shared areas.

Facilities should not delay acceptance of the transfer of a patient for the patient to meet discontinuation of transmission-based precautions. Patients who arrive should be placed in the red zone and placed on transmission-based precautions until they meet discontinuation criteria.

Category 1 NO COVID Concern	Category 2 Clinical concern; (-) test results	Category 3 Clinical concern and pending test results	Category 4 COVID (+) patients and TBPs discontinued	Category 5 COVID (+) and TBPs still required
<ul style="list-style-type: none"> <li>Acceptable to return via standard process</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable to return via standard process.</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable to return and be kept in transmission-based precautions until the results of the pending test are known.</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable to return via standard process after completion of CDC's symptom-based strategy to end transmission-based precautions. Do not delay acceptance of patient on patient completing TBP.</li> </ul>	<ul style="list-style-type: none"> <li>Must be discharged to a facility prepared to isolate and manage patient, or place with cohorted residents of same status.</li> </ul>

### ADDITIONAL INFORMATION

Additional information and resources for COVID-19 are available at the links below.

- CDC COVID-19 webpage: <https://www.cdc.gov/coronavirus>
- IDOH COVID-19 webpage: <https://www.coronavirus.in.gov/>

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

Version 2.0, November 2020

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

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



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



## Hospital to Post-Acute Care Transfer COVID-19 Assessment

<p><b>INSTRUCTIONS:</b> All hospitalized patients should be assessed for COVID-19 prior to transfer to post-acute care. This tool should be used to document an individual's medical <u>and vaccine</u> status related to COVID-19 and to facilitate communication between the hospital, emergency medical services, and the post-acute care organization. This assessment must be reviewed by the discharging physician or advanced practice provider and completed by licensed clinical staff prior to transfer. <b>CHECK THE BOX BELOW APPROPRIATE TO THE PATIENT'S STATUS categories 1-5.</b></p> <p>This form is complementary to <a href="#">IDOH COVID-19 Guidance for Hospital Discharge to LTCF</a></p>			
<p><b>Patient name:</b> Type Patient Name</p>		<p><b>Transferring facility:</b> Type Facility Name</p>	
<p><b>Patient DOB:</b> Type Date of Birth.</p>		<p><b>Post-acute care receiving facility:</b> Type Name of LTCF</p>	
<p><b>Results of latest COVID test:</b> Click date. Click Results Pos/Neg</p>	<p><b>History of COVID-19?</b> Click yes/no Click diagnosis date.</p>	<p><b>Vaccines:</b> Manufacturer: <input type="text" value="Type Manufacturer"/></p> <p>Date #1 Click date Date #2 Click date. Date #3 (3<sup>rd</sup> dose or booster dose) Click date.</p>	
<p><b>Current COVID-19 symptoms:</b> <b>Onset Date:</b> Click date. <b>List primary symptoms:</b> <input type="text" value="Type Symptoms"/></p>			
<p><b>Hospital clinical assessment by: Date:</b> <input type="text" value="Click date."/> <b>(Name):</b> <input type="text" value="Type Clinician's name"/></p>		<p><b>LTCF accepted for transfer by: Date:</b> <input type="text" value="Click date."/> <b>LTCF staff (Name):</b> <input type="text" value="Type Name"/></p>	
<input type="checkbox"/>	<p><b>Category 1:</b> No clinical concern for COVID-19 and testing NOT indicated per CDC testing criteria. <b>May transfer.</b></p>	<input type="checkbox"/>	<p><b>Category 3:</b> Patients for whom there is clinical concern for COVID-19 and tests results are pending. <b>May transfer, TBP at receiving facility based on test result and new admission guidance for LTC.</b></p>
<input type="checkbox"/>	<p><b>Category 2:</b> Clinical concern, Covid (-) test Date Negative Test: <input type="text" value="Click date."/> Time Negative Test: <input type="text" value=""/>  <b>May transfer.</b></p>	<input type="checkbox"/>	<p><b>Category 4:</b> COVID-19 (+) test, but <b>Transmission- Based Precautions</b> have been discontinued per CDC criteria. <b>May transfer.</b></p>
<input type="checkbox"/>	<p><b>Category 5:</b> Patients tested COVID-19 (+) but <b>transmission-based precautions are still required.</b> <b>May transfer to a LTC facility with adequate PPE and isolation capabilities. Facilities should not delay acceptance of transfer of patient to the LTC for them to meet discontinuation of transmission-based precautions.</b></p>		
<p><a href="#">Ending Isolation and Precautions for People with COVID-19: Interim Guidance (CDC 9.14.21)</a> The decision to discontinue <a href="#">Transmission-Based Precautions</a> for patients with confirmed SARS-CoV-2 infection should be made using a symptom-based strategy as described below. The time period used depends on the patient's <a href="#">severity of illness</a> and if they are severely immunocompromised.<sup>1</sup> <b>Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge from a healthcare facility. A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.</b></p> <p><b>Symptom-Based Strategy for Discontinuing Transmission-Based Precautions:</b> <i>Patients with <a href="#">mild to moderate illness</a> who are not severely immunocompromised:</i></p> <ul style="list-style-type: none"> <li>• At least 10 days have passed <i>since symptoms first appeared and</i></li> <li>• At least 24 hours have passed <i>since last fever</i> without the use of fever-reducing medications <b>and</b></li> <li>• Symptoms (e.g., cough, shortness of breath) have improved.</li> </ul> <p>Note: For patients who are <b>not severely immunocompromised</b><sup>1</sup> and who were <b>asymptomatic</b> throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.</p> <p><i>Patients with <a href="#">severe to critical illness</a> or who are severely immunocompromised<sup>1</sup>:</i></p> <ul style="list-style-type: none"> <li>• At least 10 days and up to 20 days have passed <i>since symptoms first appeared and</i></li> <li>• At least 24 hours have passed <i>since last fever</i> without the use of fever-reducing medications <b>and</b></li> <li>• Symptoms (e.g., cough, shortness of breath) have improved.</li> <li>• Consider consultation with infection control experts.</li> </ul> <p>Note: Patients who are <b>severely immunocompromised</b> 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 for determining when Transmission-Based Precautions may be discontinued could be considered.</p>			

## Section 1. Facility Demographics and Critical Infrastructure

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

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

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

Skilled nursing	Ventilator care	Psychiatric care
Subacute rehabilitation	Tracheostomy care	In-facility dialysis
Long-term care	Dementia/memory care	Other, please specify: _____
4. Total number of licensed beds in the facility: \_\_\_\_\_
5. Total number of residents currently in the facility: \_\_\_\_\_
6. Total number of units in the facility: \_\_\_\_\_
7. Total number of each resident room type in the facility:
  - Singles/Private: \_\_\_\_\_
  - Doubles/Semi-Privates: \_\_\_\_\_
  - Triples: \_\_\_\_\_
  - Quads: \_\_\_\_\_
  - Other, please specify: \_\_\_\_\_
8. Current number of healthcare personnel (HCP\*) working in the facility:
  - 8a. Total number of HCP: \_\_\_\_\_
  - 8b. Number of nurses (RNs, LVNs, etc.): \_\_\_\_\_
  - 8c. Number of nursing aides: \_\_\_\_\_
  - 8d. Number of environmental service staff (i.e., housekeeping): \_\_\_\_\_

\* **Healthcare Personnel (HCP):** HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to residents or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in resident care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

### Notes

9. In the last 6 months, has the facility had **any** infection prevention and control assistance (e.g., consultation, assessment, survey) from groups outside the facility?

Yes

No

Unknown

If YES:

9a. From whom (please select all that apply):

Public health

Survey agency

Corporate entity

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

9b. Please summarize any changes made in infection prevention and control policies or practices as a result of the assistance (account for all on-site visits if more than one has occurred).

10. Which of the following describes the current transmission of SARS-CoV-2 in the community surrounding your facility?

No to minimal transmission (isolated cases throughout the community)

Minimal to moderate transmission (sustained transmission with high likelihood or confirmed exposure within communal settings such as long-term care facilities and potential for rapid increase in cases)

Substantial transmission (large scale community transmission including outbreaks in communal settings such as long-term care facilities)

Unknown

11. Which of the following describes your facility's COVID-19 county-level positivity rate (to determine use this link: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>)?

<5%

5–10%

>10%

Unknown

## Notes

12. Has your facility ever had any residents with SARS-CoV-2 infection (asymptomatic or symptomatic)?

- Yes
- No
- Unknown

If YES:

- 12a. Total number of residents with at least one positive viral test for SARS-CoV-2 to date (include those diagnosed both at the facility and at other locations): \_\_\_\_\_
- 12b. Total number of residents with nursing-home onset SARS-CoV-2 infections† (include those diagnosed both at the facility and at other locations): \_\_\_\_\_
- 12c. Date first resident(s) with SARS-CoV-2 infection had their first positive viral test (asymptomatic or symptomatic): \_\_\_\_\_
- 12d. Date most recent resident(s) with SARS-CoV-2 infection had a positive viral test (asymptomatic or symptomatic): \_\_\_\_\_
- 12e. Total number of residents with SARS-CoV-2 infection currently in the facility who have not met criteria for discontinuation of Transmission-Based Precautions (i.e., isolation): \_\_\_\_\_

†Nursing home-onset SARS-CoV-2 infections refers to SARS-CoV-2 infections that originated in the nursing home. It does not refer to the following:

- Residents who were known to have COVID-19 on admission to the facility and were placed into appropriate Transmission-Based Precautions to prevent transmission to others in the facility.
- Residents who were placed into Transmission-Based Precautions on admission and developed SARS-CoV-2 infection within 14 days after admission.

13. Has your facility ever had any HCP with SARS-CoV-2 infection (asymptomatic or symptomatic)?

- Yes
- No
- Unknown

If YES:

- 13a. Total number of HCP with at least one positive viral test for SARS-CoV-2 to date: \_\_\_\_\_
- 13b. Date *first* HCP with SARS-CoV-2 infection had their first positive viral test (asymptomatic or symptomatic): \_\_\_\_\_
- 13c. Date *most* recent HCP with SARS-CoV-2 infection had a positive viral test (asymptomatic or symptomatic): \_\_\_\_\_
- 13d. Total number of HCP with SARS-CoV-2 infection who have not met criteria to return to work: \_\_\_\_\_

## Notes



14. If facility PPE supply and demand remains in its current state, how long will each of the following supplies last?

**Eye protection (face shields or goggles)**

<1 week	1–2 weeks	3–4 weeks	>4 weeks	Unknown
---------	-----------	-----------	----------	---------

**Facemasks**

<1 week	1–2 weeks	3–4 weeks	>4 weeks	Unknown
---------	-----------	-----------	----------	---------

**Cloth face coverings (for resident/visitor use)**

<1 week	1–2 weeks	3–4 weeks	>4 weeks	Unknown
---------	-----------	-----------	----------	---------

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

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

**List type of respirators (to include if they have exhalation valves):**

**Elastomeric respirators**

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

**Powered air purifying respirators (PAPR)**

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

**Gowns**

<1 week	1–2 weeks	3–4 weeks	>4 weeks	Unknown
---------	-----------	-----------	----------	---------

**Gloves**

<1 week	1–2 weeks	3–4 weeks	>4 weeks	Unknown
---------	-----------	-----------	----------	---------

15. List which cleaning and disinfection products are used in the facility (if one product is used to clean and another to disinfect, list both products):

15a. For high touch surfaces in resident rooms: \_\_\_\_\_

15b. For high touch surfaces in common areas: \_\_\_\_\_

15c. For shared, non-disposable resident equipment: \_\_\_\_\_

**Notes**

Sections 2–7 are intended for a discussion about IPC policies and practices with the facility either remotely or in-person prior to touring the facility.

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

## Section 2. Personal Protective Equipment

17. What PPE is **universally worn or would be worn by HCP** at the facility in the following situations:

**17a.** If there is **no to minimal** SARS-CoV-2 transmission in the surrounding community, what PPE is worn for the care of residents who are **not** under Transmission-Based Precautions (please select all that apply):

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

**17b.** If there is **moderate to substantial** SARS-CoV-2 transmission in the surrounding community, what PPE is worn for the care of residents who are **not** under Transmission-Based Precautions (please select all that apply):

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

**17c.** For the care of residents with confirmed SARS-CoV-2 infection (please select all that apply):

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

**17d.** For the care of residents with suspected SARS-CoV-2 infection (e.g., symptoms consistent with COVID-19) (please select all that apply):

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

**17e.** For the care of all residents on a unit, if there are one or more residents or HCP on that unit with new or recent SARS-CoV-2 infection (please select all that apply):

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

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

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

**17g.** For the care of newly admitted or readmitted residents who are not known or suspected (e.g., no documented symptoms or exposure) to have SARS-CoV-2 infection for 14 days after admission (please select all that apply):

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

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

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

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

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

**17j.** For the care of residents who **are** under Transmission-Based Precautions for SARS-CoV-2 during **potentially aerosol generating procedures**, such as nebulizer treatments or CPAP/BiPAP (please select all that apply):

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

**17k.** If there is **moderate to substantial** SARS-CoV-2 transmission in the surrounding community, what PPE is worn for the care of **any** resident during **potentially aerosol generating procedures**, such as nebulizer treatments or CPAP/BiPAP (please select all that apply):

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

**17l.** If there is **no to minimal** SARS-CoV-2 transmission in the surrounding community, what PPE is worn for the care of residents who are **not** under Transmission-Based Precautions during **potentially aerosol generating procedures**, such as nebulizer treatments or CPAP/BiPAP (please select all that apply):

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

## Notes

18. Are HCP ever allowed to wear cloth face coverings while at work?
- |     |    |         |              |
|-----|----|---------|--------------|
| Yes | No | Unknown | Not assessed |
|-----|----|---------|--------------|

If YES:

- 18a. Under what circumstances are HCP allowed to wear cloth face coverings while at work? (please select all that apply)

When not engaged in direct resident care activities (e.g., on break, preparing meals)

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

Unknown

Not assessed

19. From what location(s) do HCP obtain new PPE at the facility (please select all that apply)?

In unlocked carts outside of resident rooms

From a locked storage room *not on* the care units

From an unlocked storage room *on* each care unit

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

From a locked storage room *on* each care unit

Unknown

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

Not assessed

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

Regular trash

Unknown

Biohazard bags

Not assessed

21. Where do HCP store used PPE during breaks if eating or drinking is anticipated? (please select all that apply)

In a designated storage area away from food and drink

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

On tables used for eating and drinking

Unknown

They are wearing the PPE while on breaks

Not assessed

HCP discard of PPE before eating and drinking

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

Yes

No

Not assessed

23. Can the facility describe what reusing PPE means?

Yes

No

Not assessed

## Notes

## Respirators

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

Yes                      No                      Unknown                      Not assessed                      Other, please specify: \_\_\_\_\_

If YES:

24a. Are HCP medically cleared prior to fit testing?

Yes                      No                      Unknown                      Not assessed

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

Yes                      No                      Unknown                      Not assessed

**If the facility does not have access to respirators, document what efforts have been made to obtain them here and skip to question 29:**

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

Yes                      No                      Unknown                      Not assessed

26. Is the facility currently reusing disposable respirators?

Yes                      No                      Unknown                      Not assessed

If YES:

26a. Does the facility have a method to track the number of times HCP reuse the disposable respirators?

Yes                      No                      Unknown                      Not assessed

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

In a breathable container such as a paper bag                      Unknown  
 Placed in a plastic bag                      Not assessed  
 Other, please specify: \_\_\_\_\_

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

In a designated storage area within the facility                      Other, please specify: \_\_\_\_\_  
 Somewhere in the facility but not in a designated storage area                      Unknown  
 HCP store them outside the building (e.g., in their cars)                      Not assessed

27. When do HCP typically discard of disposable respirators (please select all that apply)?

After each removal (i.e., doffing)	If the disposable respirator becomes soiled, damaged, or difficult to breathe through
Between 1–5 removals (i.e., doffings)	Other, please specify: _____
More than 5 removals (i.e., doffings). <b>Please specify number:</b> _____	Unknown
At the end of one shift	Not assessed
At the end of multiple shifts. <b>Please specify how many shifts:</b> _____	

28. Is the facility decontaminating disposable respirators?

Yes

No

Unknown

Not assessed

If YES:

28a. How are disposable respirators decontaminated?

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

## Notes

## Facemasks

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

Yes

No

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

If YES:

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

In a breathable container such as a paper bag

Unknown

Placed in a plastic bag

Not assessed

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

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

In a designated storage area within the facility

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

Somewhere in the facility but not in a designated storage area

Unknown

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

Not assessed

**31. When do HCP typically discard of facemasks (please select all that apply)?**

- After each removal (i.e., doffing)
- At the end of one shift
- At the end of multiple shifts. **Please specify how many shifts:** \_\_\_\_\_
- When the facemask becomes soiled, damaged, or hard to breathe through

- Other, please specify: \_\_\_\_\_
- Unknown
- Not assessed

## Notes

## Eye Protection

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

- Single use, disposable face shield
- Reusable face shield
- Goggles

- Other, please specify: \_\_\_\_\_
- Unknown
- Not assessed

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

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

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

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

*If YES:*

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

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

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

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

**34c. Where do HCP store reused eye protection (please select all that apply)?**

- In a designated storage area within the facility
  - Somewhere in the facility but not in a designated storage area
  - HCP store them outside the building (e.g., in their cars)
- Other, please specify: \_\_\_\_\_
- Unknown
  - Not assessed

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

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

35. When do HCP typically discard of disposable eye protection (please select all that apply)?

After each removal (i.e., doffing)

At the end of each shift

At the end of multiple shifts.

**Please specify how many shifts:** \_\_\_\_\_

When the disposable eye protection is damaged such as when visibility is obscured

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

Disposable eye protection not used in the facility

Unknown

Not assessed

## Notes

## Gowns

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

Disposable isolation

Disposable surgical

Launderable

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

Unknown

Not assessed

37. When do HCP typically discard of disposable gowns (please select all that apply)?

After each removal (i.e., doffing)

At the end of each shift

At the end of multiple shifts.

**Please specify how many shifts:** \_\_\_\_\_

When the disposable gown becomes damaged or grossly contaminated

Facility not using disposable gowns

Unknown

Not assessed

38. When do HCP typically stop using a launderable gown so it may be cleaned (please select all that apply)?

After each removal (i.e., doffing)

At the end of a shift

At the end of multiple shifts.

**Please specify how many shifts:** \_\_\_\_\_

When the launderable gown becomes soiled

Facility not using launderable gowns

Unknown

Not assessed



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

Yes                      No                      Unknown                      Not assessed

If YES:

39a. Under what circumstance are they worn by HCP outside of resident rooms?

40. If the facility is currently experiencing gown shortages, is the facility prioritizing gown use for certain activities?

Yes                                      Unknown  
No                                      Not assessed  
Facility is not experiencing gown shortages

If YES:

40a. Are gowns prioritized for the following activities (please select all that apply)?

High contact resident activities                      Unknown  
Activities where splashes and sprays are anticipated                      Not assessed  
Other, please specify: \_\_\_\_\_

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

Yes                                      Unknown  
No                                      Not assessed  
Facility is not experiencing gown shortages

If YES:

41a. What units are currently practicing the extended use of gowns (please select all that apply)?

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

41b. Do HCP wear the same gown for residents known to be co-infected with other organisms for which gown use is also recommended, such as *Clostridioides difficile*?

Yes                      No                      Unknown                      Not assessed

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

Yes                                      Unknown  
No                                      Not assessed  
Facility is not experiencing gown shortages

If YES:

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

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

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

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

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

On hooks

In bags without other PPE

In bags with other PPE

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

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

## Notes

## Gloves

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

Yes

No

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

If YES:

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

## Notes

## Section 3. Hand Hygiene

45. Does the facility encourage the use of alcohol-based hand sanitizer in most clinical situations unless the hands are visibly soiled?

Yes                      No                      Unknown                      Not assessed

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

Yes                      No                      Unknown                      Not assessed

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

Yes                      No                      Unknown                      Not assessed

If YES:

47a. Where in the room is the alcohol-based hand sanitizer located (please select all that apply)?

By the door	Other, please specify: _____
At the head of each bed	Unknown
In the bathroom	Not assessed

If NO:

47b. Why doesn't the facility have alcohol-based hand sanitizer in each room (please select all that apply)?

They have been told they can't have it in resident rooms.	Other, please specify: _____
They didn't know they should put it in resident rooms.	Unknown
They can't afford it.	Not assessed
They can't acquire it due to current shortage.	

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

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

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

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

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

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

## Notes

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

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

Yes                      No                      Unknown                      Not assessed

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

Yes                      No                      Unknown                      Not assessed

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

Yes                      No                      Unknown                      Not assessed

54. Do any of the facility's cleaning or disinfecting agents require additional preparation prior to use (i.e., mixing with other chemicals, diluting with water)?

Yes                      No                      Unknown                      Not assessed

If YES:

54a. Which agents require preparation prior to use (please specify all that apply)?

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

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

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

Yes                      No                      Unknown                      Not assessed

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

Yes                      No                      Unknown                      Not assessed

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

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

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

Daily	Less than daily	Not assessed
More than daily	Unknown	

56. How often are high touch surfaces in common areas (e.g., nursing stations, hallway rails) cleaned and disinfected?

Daily	Less than daily	Not assessed
More than daily	Unknown	

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

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

## Notes

## Section 5. General Infection Prevention and Control (IPC) Policies

**58.** Does the facility have at least one individual with training in infection control who provides on-site management of the IPC program?

Yes                      No                      Unknown                      Not assessed

If YES:

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

CDC Nursing Home Infection Preventionist Training Course

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

Corporate training program

Unknown

State or local health department led trainings

Not assessed

Certification in Infection Control (CIC)

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

Director of nursing

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

Assistant director of nursing

No additional duties

Direct resident care

Unknown

Wound care

Not assessed

**59.** Approximately what percentage of HCP receive the annual influenza vaccine each year?

Greater than 90%

Between 50–90%

Less than 50%

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

**61.** Approximately what percentage of facility residents receive the annual influenza vaccine each year?

Greater than 90%

Between 50–90%

Less than 50%

Unknown

Not assessed

## Notes

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

Yes                      No                      Unknown                      Not assessed

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

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

Yes                      No                      Unknown                      Not assessed

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

Yes                      No                      Unknown                      Not assessed

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

Yes                      No                      Unknown                      Not assessed

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

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

**62e.** The facility ensures all persons entering the building are practicing source control with the use of facemasks or cloth face coverings.

Yes                      No                      Unknown                      Not assessed

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

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

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

Yes                      No                      Unknown                      Not assessed

**62h.** The facility can describe how they would manage anyone detected with symptoms or who has been advised to self-quarantine as part of the screening process.

Yes                      No                      Unknown                      Not assessed

63. When would the facility allow HCP with **symptomatic** SARS-CoV-2 infection to return to work (please select all that apply)?

For HCP with **mild to moderate illness** and are **not severely immunocompromised**:

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

For HCP with **severe to critical illness** or who **are severely immunocompromised**:

- At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Using a test-based strategy

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

Unknown

Not assessed

64. When would the facility allow HCP with **asymptomatic** SARS-CoV-2 infection to return to work (please select all that apply)?

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

HCP who are **severely immunocompromised** but who were **asymptomatic** throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

Using a test-based strategy

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

Unknown

Not assessed

## Notes

65. Have all HCP recently demonstrated competency in:

65a. Hand hygiene with alcohol-based hand sanitizer

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

65b. Hand hygiene with soap and water

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

65c. Selecting the correct PPE for the anticipated task (e.g., using all recommended PPE for the care of residents with SARS-Cov-2 infection)

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

65d. Donning and doffing PPE

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

**65e.** Use of cleaning and disinfection products for resident rooms for all HCP with cleaning responsibility such as EVS, nursing aides, etc.

Yes                      No                      Unknown                      Not assessed

**65f.** Use of cleaning and disinfection products for resident equipment for all HCP with cleaning responsibility such as EVS, nursing aides, etc. (e.g., vital signs equipment)

Yes                      No                      Unknown                      Not assessed

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

**66a.** Hand Hygiene

Yes                      No                      Unknown                      Not assessed

**66b.** Selection of the correct PPE for the anticipated task (e.g., using all recommended PPE for the care of residents with SARS-CoV-2 infection)

Yes                      No                      Unknown                      Not assessed

**66c.** PPE donning and doffing

Yes                      No                      Unknown                      Not assessed

**66d.** Cleaning and disinfection of resident rooms

Yes                      No                      Unknown                      Not assessed

**66e.** Cleaning and disinfection of resident equipment (e.g., vital signs equipment)

Yes                      No                      Unknown                      Not assessed

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

Breaks are scheduled

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

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

Unknown

Audits of breakrooms to ensure compliance

Not assessed

## Notes



**68.** Is visitation beyond compassionate care situations currently being allowed?

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

If YES:

**68a.** Are visits scheduled?

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

**68b.** Is there a limit on how many visitors are allowed for each resident at one time?

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

**68c.** Is social distancing maintained between all visitors and residents?

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

**68d.** Is the visit location restricted to a designated location (e.g., resident room, outside)?

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

**68e.** Are visitors asked to inform the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility?

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

**69.** Is communal dining allowed beyond those requiring feeding assistance?

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

If YES:

**69a.** Are residents requiring Transmission-Based Precautions (e.g., currently isolated for suspected or confirmed SARS-CoV-2 infection) excluded from communal dining?

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

**69b.** Are quarantined residents (e.g., new admissions, SARS-CoV-2 exposed residents) excluded from communal dining?

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

**69c.** Is social distancing maintained while dining?

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

**70.** Are non-essential personnel (e.g., barbers) allowed entry to the facility?

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

If YES:

**70a.** Are they required to wear masks while in the facility?

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

**70b.** Are they required to demonstrate competency in performing hand hygiene, at least annually?

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

**70c.** If PPE is used, are they required to demonstrate competency in PPE donning and doffing, at least annually?

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

## Notes

## Section 6. Resident-related Infection Prevention and Control Policies

**71.** When are residents encouraged to wear a cloth face covering or facemask (please select all that apply)?

When they leave their room

When HCP enter their room

When visitors enter their room

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

Unknown

Not assessed

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

**72a.** Monitored at least daily

Yes

No

Unknown

Not assessed

**72b.** Temperatures are measured

Yes

No

Unknown

Not assessed

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

Oral temperature of 100.0 degrees F or higher

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

Repeated oral temperature of greater than 99.0 degrees F

Unknown

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

Not assessed

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

Chills

New or worsening dizziness

Oxygen saturation measured via pulse oximetry

New or worsening shortness of breath

Fatigue

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

New or worsening cough

Runny nose

Unknown

Muscle aches

Sore throat

Not assessed

New onset loss of taste or smell

Headache

New or worsening malaise

GI symptoms such as nausea, vomiting, diarrhea

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

Less than three times a day

More than three times a day

Not assessed

Three times a day

Unknown

**74.** Describe **where** a resident with confirmed SARS-CoV-2 infection would be roomed (please select all that apply):

In a designated area for residents with confirmed SARS-CoV-2 infections

Not in a designated area for residents with confirmed SARS-CoV-2 infections, please specify where: \_\_\_\_\_

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

Unknown

Not assessed

**75.** Describe **with whom** a resident with confirmed SARS-CoV-2 infection would be roomed (please select all that apply):

Without roommates

With roommate(s) with confirmed SARS-CoV-2 infection

With roommate(s) without confirmed SARS-CoV-2 infection

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

Unknown

Not assessed

**76.** Does the facility **currently have or plan to have** a designated COVID-19 care unit for residents with confirmed SARS-CoV-2 infections?

Yes

Unknown

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

Not assessed

If YES:

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

Yes

No

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

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

Yes

No

Unknown

Not assessed

## Notes

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

In their current room

Moved to a different room, please specify where: \_\_\_\_\_

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

Unknown

Not assessed

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

Without roommates

With new, asymptomatic roommate(s)

Not assessed

With current roommate(s)

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

With new, also symptomatic roommate(s)

Unknown

79. Describe **where** an asymptomatic but exposed roommate of a resident with SARS-CoV-2 infection would be roomed (please select all that apply):

In their current room

Moved to a different room, please specify where: \_\_\_\_\_

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

Unknown

Not assessed

80. Describe **with whom** an asymptomatic but exposed roommate of a resident with SARS-CoV-2 infection would be roomed (please select all that apply):

Without roommates

With new, unexposed roommate(s)

With their infected roommate(s)

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

With current roommate(s) who are also exposed

Unknown

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

Not assessed

81. Describe **where** a new admission or readmission without known SARS-CoV-2 infection would be roomed (please select all that apply):

In a designated area

Unknown

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

Not assessed

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

82. Describe **with whom** a new admission or readmission without known SARS-CoV-2 infection would be roomed (please select all that apply):

Without roommates

Unknown

With other new or readmitted residents

Not assessed

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

## Notes

83. Ask the facility to describe their monitoring plan for new admissions and readmissions without known SARS-CoV-2 infection.

83a. They are monitored for 14 days before being transferred from a private room or observation area to the main facility.

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

83b. They are monitored even if they had a negative SARS-CoV-2 viral test prior to or at facility admission.

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

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

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

84. When would the facility discontinue Transmission-based Precautions for **symptomatic** residents with SARS-CoV-2 infection (i.e., end isolation) (please select all that apply)?

For those with **mild to moderate illness** and are **not severely immunocompromised**:

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

For those with **severe to critical illness** or who are **severely immunocompromised**:

- At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Using a test-based strategy

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

Unknown

Not assessed

85. When would the facility discontinue Transmission-based Precautions **for asymptomatic** residents with SARS-CoV-2 infection (i.e., end isolation) (please select all that apply)?

For residents who are **not severely immunocompromised**, and who were asymptomatic throughout their infection, Transmission-Based Precautions are discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test

For residents who are **severely immunocompromised**, and who were asymptomatic throughout their infection, Transmission-Based Precautions are discontinued when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test

Using a test-based strategy

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

Unknown

Not assessed

86. When would the facility discontinue **empiric** Transmission-Based Precautions for symptomatic residents who did not have laboratory evidence of SARS-CoV-2 infection (please select all that apply)?

After one negative respiratory specimen tested using an FDA-authorized **molecular** viral assay to detect SARS-CoV-2 RNA.

If a higher level of clinical suspicion for SARS-CoV-2 infection exists despite one negative test, Transmission-Based Precautions would be continued and a second test for SARS-CoV-2 would be performed.

If a rapid antigen test is negative, only after a confirmatory reverse transcriptase polymerase chain reaction (RT-PCR) obtained within **48** hours of the antigen test is also negative.

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

Unknown

Not assessed

## Notes

## Section 7. SARS-CoV-2 Testing

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

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

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

- |   |                              |
|---|------------------------------|
| Point of care antigen testing                               | Other, please specify: _____ |
| Rapid molecular point of care testing (i.e., Abbott ID Now) | Unknown                      |
| Reverse-transcriptase polymerase chain reaction (RT-PCR)    | Not assessed                 |
| Antibody testing  |                              |

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

- |   |              |
|---|--------------|
| Less than 24 hours                                    | Unknown      |
| Between 24 and 48 hours                               | Not assessed |
| Greater than 48 hours, please specify how long: _____ |              |

90. If antigen testing is utilized, does the facility confirm negative antigen test results from symptomatic residents and HCP with a reverse-transcriptase polymerase chain reaction (RT-PCR) within 48 hours?

- |         |  |
|---------|--|
| Yes     | Facility not using rapid antigen testing |
| No      | Not assessed                             |
| Unknown |  |

91. Is the facility testing all symptomatic residents?

Yes                      No                      Unknown                      Not assessed

92. Is the facility testing all symptomatic HCP?

Yes                      No                      Unknown                      Not assessed

93. Is the facility able to **perform routine testing of HCP** based on the extent of the virus in the surrounding community as per CMS guidance?

Yes                      No                      Unknown                      Not assessed

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

In the resident's room with the door closed                      Unknown  
Other, please specify: \_\_\_\_\_                      Not assessed

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

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

96. During an outbreak (i.e., a new SARS-CoV-2 infection in any HCP or any nursing home-onset SARS-CoV-2 infection in a resident), would the facility conduct viral testing of **all residents** (to include asymptomatic residents) in the nursing home?

Yes  
No  
Unknown  
Not assessed

*If NO:*

96a. How would the facility prioritize testing of residents (please select all that apply)?

Testing would be directed to residents who are close contacts of cases (e.g., on the same unit or floor of a new confirmed case or cared for by an infected HCP).

Testing would be prioritized for those who develop symptoms.

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

Unknown  
Not assessed

**Note: Nursing home-onset SARS-CoV-2 infections** refers to SARS-CoV-2 infections that originated in the nursing home. It **does not** refer to the following:

- Residents who were known to have COVID-19 on admission to the facility and were placed into appropriate Transmission-Based Precautions to prevent transmission to others in the facility.
- Residents who were placed into Transmission-Based Precautions on admission and developed SARS-CoV-2 infection within 14 days after admission.

97. During an outbreak, (i.e., a new SARS-CoV-2 infection in any HCP or any nursing home-onset SARS-CoV-2 infection in a resident), would the facility perform **repeat viral testing of all previously negative residents** every 3 to 7 days until testing identifies no new case for at least 14 days since the most recent positive result?

Yes                      No                      Unknown                      Not assessed

If NO:

97a. How would the facility prioritize repeat testing of previously negative residents (please select all that apply)?

Testing would be directed to residents who leave and return to the facility frequently.

Testing would be directed to residents with exposure to a known case (e.g., roommates of cases or those cared for by a HCP with confirmed SARS-CoV-2 infection).

Testing would be directed to residents only on affected units.

Testing would be prioritized for those who develop symptoms.

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

Unknown

Not assessed

98. During an outbreak (i.e., a new SARS-CoV-2 infection in any HCP or any nursing home-onset SARS-CoV-2 infection in a resident), would the facility be able to conduct viral testing of **all HCP** in the nursing home?

Yes                      No                      Unknown                      Not assessed

99. During an outbreak, (i.e., a new SARS-CoV-2 infection in any HCP or any nursing home-onset SARS-CoV-2 infection in a resident), would the facility be able to perform **repeat viral testing of all previously negative HCP** every 3 to 7 days until testing identifies no new case for at least 14 days since the most recent positive result?

Yes                      No                      Unknown                      Not assessed

## Notes

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



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

**Begin tour: Ask to see the screening areas where HCP or visitors are assessed.**

## Section 8. Screening stations

### 100. Video assessment attempted

Yes

No (**SKIP TO 108**)

Not applicable, assessment part of an on-site visit

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

HCP

Visitors

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

Not assessed

### 102. The point of entry prior to the screening station is monitored.

Yes

No

Not assessed

### 103. What PPE is worn by HCP performing the screening (please select all that apply)?

Respirators

Gowns

Not assessed

Facemasks

Gloves

Eye Protection

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

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

No touch

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

Oral

Unknown

Ear/Tympanic

Not assessed

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

Chills

Fatigue

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

New or worsening cough

Headache

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

Shortness of breath

Sore throat

Unknown

Muscle aches

Runny nose

Not assessed

New onset loss of taste or smell

GI symptoms such as nausea, vomiting, diarrhea

106. Alcohol-based hand sanitizer is available at the screening station.

- Yes
- No
- Not assessed

107. What PPE is available at the screening station for distribution to HCP (please select all that apply)?

- |                |                              |
|----------------|------------------------------|
| Respirators    | Other, please specify: _____ |
| Facemasks      | Cloth face coverings         |
| Eye Protection | None                         |
| Gowns          | Not assessed                 |
| Gloves         |                              |

**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 9–14.**

## Section 9. Hand Hygiene

### 108. Video assessment attempted

Yes

No (**SKIP TO 113**)

Not applicable, assessment part of an on-site visit

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

### 109. All demonstrated dispensers are functional.

Yes

No

Not assessed

### 110. Alcohol-based hand sanitizer is located outside resident rooms.

Yes

No

Not assessed

### 111. Alcohol-based hand sanitizer is located inside resident rooms.

Yes

No

Not assessed

### 112. List other locations where alcohol-based hand sanitizer can be found (e.g., medicine carts, nursing stations) on the resident floor:

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

## Section 10. PPE Use

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

**113. Video assessment attempted**

Yes

No (**SKIP TO 117**)

Not applicable, assessment part of an on-site visit

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

Yes

No

Not assessed

**115. HCP are wearing eye protection for all resident encounters if there is **moderate to substantial community transmission**.**

Yes

No

Not applicable

Not assessed

**116. Describe where the facility stores unused/new PPE (please select all that apply):**

In unlocked carts outside of resident rooms

From an unlocked storage room on each care unit

From a locked storage room on each care unit

From an unlocked storage room off the care units

From a locked storage room off the care units

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

Not assessed

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

## Reprocessing and Storing of Reused PPE

**Ask the facility to show you where they are reprocessing and storing reused PPE (if applicable).**

**117. Video assessment attempted**

Yes

No (**SKIP TO 123**)

Not applicable, facility is not reprocessing or storing used PPE (**SKIP TO 123**)

Not applicable, assessment part of an on-site visit

**118. Respirators are stored in a breathable container (e.g., paper bag) in a clean area and labeled with HCP name/date.**

Yes

No

Not applicable

Not assessed

**119. Facemasks are stored in a breathable container (e.g., paper bag) in a clean area and labeled with HCP name/date.**

Yes

No

Not applicable

Not assessed

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

Yes

No

Not applicable

Not assessed

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

Yes

No

Not applicable

Not assessed

**122. If gowns are reused, ask to see where and how they are being stored and describe:**

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

## Section 11. Frontline HCP Interview

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

**123.** Interviewed frontline HCP

Yes

No (**SKIP TO 128**)

**124.** HCP describe when they perform hand hygiene (please select all that apply):

Before touching a resident

After body fluid exposure

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

After touching a resident

After touching resident

Not assessed

Before clean/aseptic procedures

surroundings

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

In most clinical situations

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

Not assessed

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

When hands are visibly soiled

If they work in the kitchen

Before eating and drinking

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

After using the restroom

Unknown

During an outbreak of *Clostridioides difficile* or norovirus

Not assessed

**127.** Watch or ask a frontline HCP to describe how they would doff PPE.

**127a.** Select one:

The facilitator observed HCP doff PPE

The facilitator listened to HCP describe the doffing process

Not assessed

**127b.** Was this done in a manner that limited self-contamination?

Yes

No

Not assessed

**127c.** Did the HCP perform hand hygiene after doffing PPE?

Yes

No

Not assessed

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

## Section 12. Environmental Services (i.e., housekeeping)

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

**128.** Interviewed EVS staff member

Yes

No (**SKIP TO 132**)

**129.** EVS staff member can name several high touch surfaces in a room.

Yes

No

Not assessed

**130.** EVS staff member can state the contact time of disinfection products.

Yes

No

Not assessed

**131.** EVS staff member can describe the order in which they clean a resident room.

Yes

No

Not assessed

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

## Section 13. Social Distancing/Breakrooms

**Ask the facility to show you a breakroom.**

**132. Video assessment attempted**

Yes

No (**SKIP to 135**)

Not applicable, assessment part of an on-site visit

**133. HCP are more than 6 feet apart.**

Yes

No

Only one HCP allowed in a breakroom at a time

Not assessed

**134. HCP are wearing facemasks unless eating or drinking.**

Yes

No

Not assessed

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



**Ask to view the facility's designated COVID-19 area.**

**If there are no current residents with SARS-CoV-2 infection, ask to see the location where the care area would be created.**

## Section 14. Designated COVID-19 Care Area

### 135. Video assessment attempted

Yes

No **(END VIDEO)**

Not applicable, facility does not plan on creating a designated COVID-19 area **(END VIDEO)**

Not applicable, assessment part of an on-site visit

### 136. The designated COVID-19 care area is physically separated from other rooms or units housing residents without confirmed SARS-CoV-2 infections.

Yes

No

Not assessed

### 137. Alcohol-based hand sanitizer is available inside each room.

Yes

No

Not assessed

### 138. Alcohol-based hand sanitizer is available outside of each room.

Yes

No

Not assessed

### 139. Dedicated medical equipment is used for this care area.

Yes

No

Not assessed

Not applicable, no residents currently on this unit

### 140. Dedicated medical equipment is stored in the resident room.

Yes

No

Not assessed

Not applicable, no residents currently on this unit

**141.** Entrance to COVID-19 care area is controlled.

Yes

No

Not assessed

Not applicable, no residents currently on this unit

**141a.** Signage indicating only designated HCP should enter is present.

Yes

No

Not assessed

Not applicable, no residents currently on this unit

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

Yes

No

Not assessed

Not applicable, no residents currently on this unit

**143.** PPE is available for donning at entrance to each room for COVID-19 residents.

Yes

No

Not assessed

Not applicable, no residents currently on this unit

**144.** HCP doff gowns and gloves at exit to each room

Yes

No

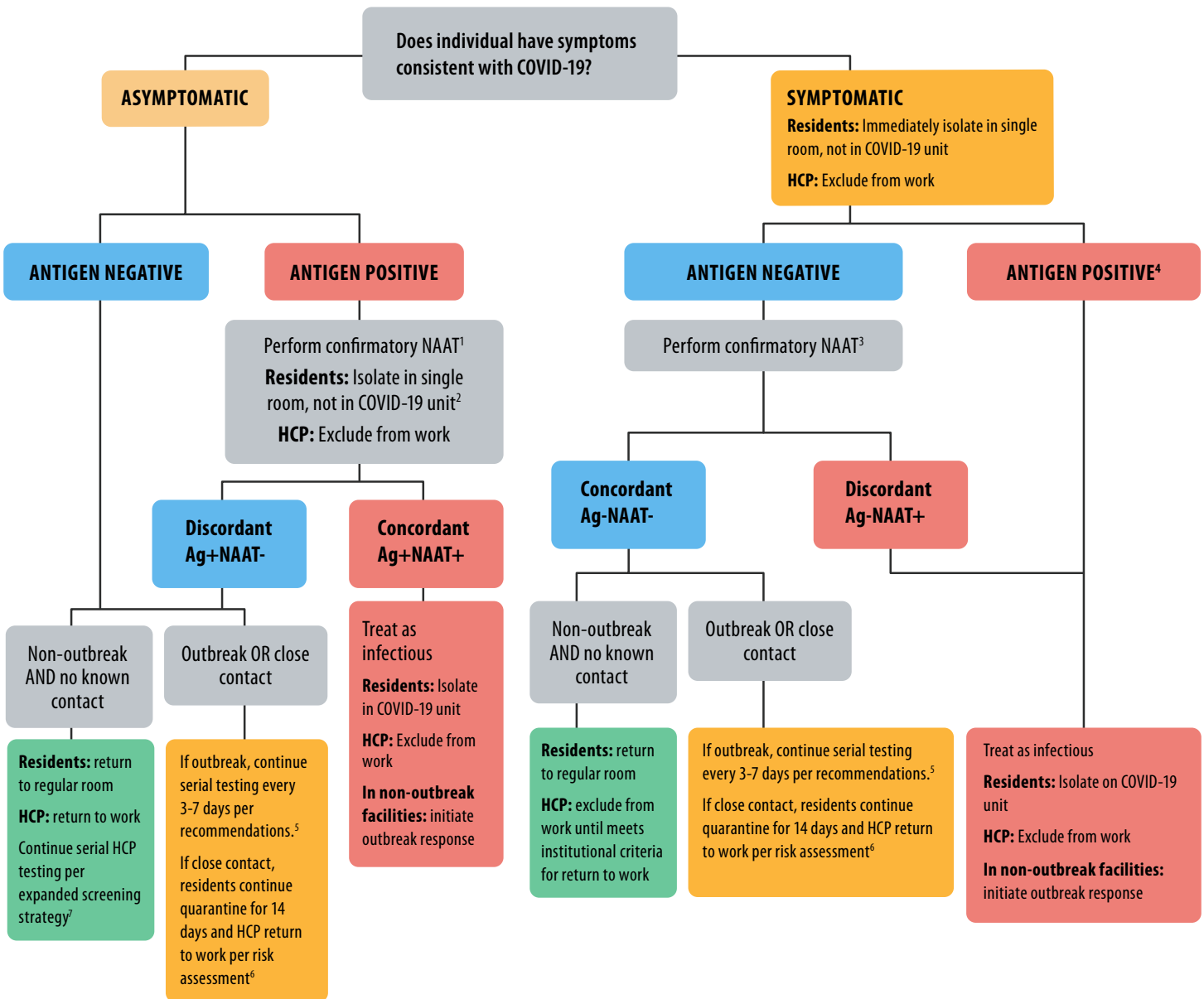
Not assessed

Not applicable, no residents currently on this unit.

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

Empty box for notes.

# CONSIDERATIONS FOR INTERPRETATION OF ANTIGEN TESTS IN LONG-TERM CARE FACILITIES



**NAAT:** nucleic acid amplification test, including reverse-transcriptase polymerase chain reaction (RT-PCR). **Ag:** antigen.

This algorithm should be used as a guide, but clinical decisions may deviate from this guide if indicated. Contextual factors, including community incidence, characteristics of different antigen testing platforms, and availability and turnaround times of NAAT, further inform interpretation of antigen test results. Confirmatory tests may be considered at any time if concerns about false negative or positive results arise (e.g., multiple unexpected positives results). If confirmatory tests are performed, facilities should perform the test within 2 days of the initial test and optimize sensitivity of the confirmatory test by choosing a platform (e.g., NAAT) and specimen source (e.g., nasopharyngeal swab) with high sensitivity. Facilities may consider discussing discordant results with local public health department to determine the most appropriate action. Facilities should routinely review operation of antigen test to ensure optimization and minimize cross-contamination of samples.

<sup>1</sup> Asymptomatic people who test antigen positive may not need confirmatory testing if they have high pre-test probability (e.g., person resided with another infected individual in a facility with a large outbreak, such as prevalence >20%).

<sup>2</sup> If single room is not available, keep the resident in the same room with transmission-based precautions. Do not transfer to a room with a new roommate.

<sup>3</sup> Some antigen platforms have [higher sensitivity](#) when testing individuals soon after symptom onset. Use clinical discretion to determine if confirmatory NAAT is warranted

when such platforms are used or if individual has low likelihood of SARS-CoV-2 infection (e.g., non-respiratory systemic symptoms post-vaccination of [residents](#) and [HCP](#) with no known exposures in a non-outbreak facility).

<sup>4</sup> For symptomatic people who test antigen positive, confirmatory testing may be considered if there are other unexpected positive results from testing that day or if the person has a low likelihood of SARS-CoV-2 infection (e.g., no known exposures in non-outbreak facility in low-incidence community).

<sup>5</sup> People who reside or work in a facility with an outbreak and test negative should continue serial testing per CDC and CMS recommendations. In general, this entails testing every 3-7 days until no new cases are identified for 14 days. These residents may still need to be on transmission-based precautions per recommendations for [responding to an outbreak](#) or [known exposure](#). Asymptomatic HCP without a known close contact should continue working.

<sup>6</sup> Residents with a known exposure should follow quarantine [recommendations](#), be cared for in transmission-based precautions (not on COVID-19 unit) and may not require further testing. If HCP has a known exposure, facility should follow HCP risk assessment guidance. [Options to reduce quarantine](#) duration for individuals with known close contact are generally not a preferred option for HCP and LTCF residents, but if pursued, see guidance on use of antigen testing for this purpose and when a negative antigen test result indicates not infected with SARS-CoV-2.

<sup>7</sup> Frequency of serial HCP testing per [CMS regulations](#) or [expanded testing guidance](#).



# Long-Term Care (LTC) Respiratory Surveillance Line List

## Instructions for the Long-Term Care (LTC) Respiratory Surveillance Line List

The Respiratory Surveillance Line List provides a template for data collection and active monitoring of both residents and staff during a suspected respiratory illness cluster or outbreak at a nursing home or other LTC facility. Using this tool will provide facilities with a line listing of all individuals monitored for or meeting the case definition for the outbreak illness.

Each row represents an individual resident or staff member who may have been affected by the outbreak illness (i.e., case). The information in the columns of the worksheet capture data on the case demographics, location in the facility, clinical signs/symptoms, diagnostic testing results and outcomes. While this template was developed to help with data collection for common respiratory illness outbreaks the data fields can be modified to reflect the needs of the individual facility during other outbreaks.

Information gathered on the worksheet should be used to build a case definition, determine the duration of outbreak illness, support monitoring for and rapid identification of new cases, and assist with implementation of infection control measures by identifying units where cases are occurring.

# LTC Respiratory Surveillance Line List

## Instruction Sheet for Completion of the Long-Term Care (LTC) Respiratory Surveillance Line List

### Section A: Case Demographics

In the space provided per column, fill in each line with name, age and gender of each person affected by the current outbreak at your facility. Please differentiate residents (R) from staff (S).

\*Staff includes all healthcare personnel (e.g., nurses, physicians and other providers, therapists, food services, environmental services) whether employed, contracted, consulting or volunteer.

**For residents only:** Short stay (S) residents are often admitted directly from hospitals, require skilled nursing or rehabilitation care, and are expected to have a length of stay less than 100 days. Long stay (L) residents are admitted to receive residential care or nursing support and are expected to have a length of stay that is 100 days or more. Indicate the stay type for each resident in this column.

### Section B: Case Location

**For resident only:** Indicate the building (Bldg), unit or floor where the resident is located and the room and bed number for each resident being monitored for outbreak illness. \*Answers may vary by facility due to differences in the names of resident care locations.

**For staff only:** For each staff member listed, indicate the floor, unit or location where that staff member had been primarily working at the time of illness onset.

### Section C: Signs and Symptoms (s/s)

**Symptom onset date:** Record the date (month/day) each person developed or reported signs/symptoms (e.g., fever, cough, shortness of breath) consistent with the outbreak illness.

**Symptoms:** Fill in the box (Y or N) indicating whether or not a resident or staff member experienced each of the signs/symptoms listed within this section.

**Additional documented s/s (select all codes that apply):** In the space provided, record the code that corresponds to any additional s/s the resident or staff member experienced. If a resident or staff member experienced a s/s that is not listed, please use the space provided by "Other" to specify the s/s.

H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify \_\_\_\_\_

### Section D: Diagnostics

**Chest x-ray:** Fill in the box (Y or N) indicating whether or not a chest x-ray was performed.

**Type of specimen collected: (Select all codes that apply):** In the space provided, record the type of specimen collected for laboratory testing. If the type of specimen collected is not listed, please use the space provided by "Other" to specify the specimen type.

NP – nasopharyngeal swab, OP – oropharyngeal swab, S – sputum, U – urine, O – Other: Specify \_\_\_\_\_

**Date of collection:** Record the date (month/day) of specimen collection.

**Type of test ordered (select all codes that apply):** In the space provided, record the code that corresponds to whether a diagnostic laboratory test was performed for each individual. If no test was performed, indicate "zero". If the laboratory test used to identify the pathogen is not listed, please use the space provided by "Other" to specify the type of test ordered.

0 – No test performed, 1 – Culture, 2 – Polymerase Chain Reaction (PCR), also called nucleic acid amplification testing includes multiplex PCR tests for several organisms using a single specimen, 3 – Urine Antigen, 4 – Other: Specify \_\_\_\_\_

**Pathogen detected (select all codes that apply):** In the space provided, record the code that corresponds to the bacterial and/or viral organisms that were identified through laboratory testing. If the test performed was negative, indicate "zero". If a pathogen not listed was identified through laboratory testing, please use the space provided by "Other" to specify the organism.

0 – Negative results; Bacterial: 1 – *Streptococcus pneumoniae*, 2 – *Legionella*, 3 – *Mycoplasma*

Viral: 4 – Influenza, 5 – Respiratory syncytial virus (RSV), 6 – Human metapneumovirus (HMPV), 7 – Other: Specify \_\_\_\_\_

### Section E: Outcome During Outbreak

**Symptom Resolution Date:** Record the date that each person recovered from the outbreak illness and was symptom free for 24 hours.

**Hospitalized:** Fill in the box (Y or N) indicating whether or not hospitalization was required for a resident or staff member during the outbreak period. **Note: The outbreak period is the time from the date of symptom onset for the first case to date of symptom resolution for the last case.**

**Died:** Fill in the box (Y or N) indicating whether or not a resident or staff member expired during the outbreak period.

**Case (C) or Not a case (leave blank):** Based on the clinical criteria and laboratory findings collected during the outbreak investigation, record whether or not each resident or staff member meets the case definition (C) or is not a case (leave space blank).

# LTC Respiratory Surveillance Line List

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This worksheet was created to help nursing homes and other LTC facilities detect, characterize and investigate a possible outbreak of respiratory illness.

A. Case Demographics				B. Case Location			C. Signs and Symptoms (s/s)				D. Diagnostics				E. Outcome During Outbreak <sup>A</sup>						
Name	Age	Gender (M/F)	Resident (R) or Staff (S)	<u>Residents Only</u> : Short stay (S) or Long stay (L)	<u>Residents Only</u> : Bldg/Floor	<u>Residents Only</u> : Room/Bed	<u>Staff Only</u> : Primary floor assignment	Symptom onset date: (mm/dd)	Fever <sup>B</sup> (Y/N)	Cough (Y/N)	Myalgia (body ache) (Y/N)	Additional documented s/s (select all codes that apply) H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify _____	Chest x-ray (Y/N)	Type of specimen collected (select all codes that apply) NP – nasopharyngeal swab, OP – oropharyngeal swab, U – urine, S – sputum, Other: Specify _____	Date of collection: (mm/dd)	Type of test ordered (Select all codes that apply) 0 – No test performed, 1 – Culture, 2 – PCR, 3 – Urine Antigen, 4 – Other: Specify _____	Pathogen Detected (Select all codes that apply) 0 – Negative results Bacterial: 1 – <i>S. pneumoniae</i> , 2 – <i>Legionella</i> , 3 – <i>Mycoplasma</i> Viral: 4 – Influenza, 5 – RSV, 6 – HMPV 7 – Other: Specify _____	Symptom resolution date: (mm/dd)	Hospitalized (Y/N)	Died (Y/N)	Case (C) or Not a case (leave blank)
1.																					
2.																					
3.																					
4.																					
5.																					
6.																					
7.																					
8.																					
9.																					
10.																					

If faxing to your local Public Health Department, please complete the following information:

Facility Name: \_\_\_\_\_ City, State: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<sup>A</sup> **Note:** Outbreak defined as date of first case to resolution of last case.

<sup>B</sup> **Definition of Fever** (Stone N, Ashraf MS, Calder, J, et al. Surveillance Definitions in Long-Term Care Facilities: Revisiting the McGeer Criteria. Infect Control Hosp Epidemiol 2012; 33:965-977):  
(1) a single oral temp > 37.8°C (100°F) or (2) repeated oral temps > 37.2°C (99°F) or rectal temps > 37.5°C (99.5°F) or (3) a single temp > 1.1°C (2°F) over baseline from any site (oral, tympanic, axillary).

# Long-Term Care (LTC) Respiratory Surveillance Outbreak Summary

## Instructions for the Long-Term Care (LTC) Respiratory Surveillance Outbreak Summary

The Respiratory Outbreak Summary Form was created to help nursing homes and other LTC providers summarize the findings, actions and outcomes of an outbreak investigation and response. Completing this outbreak form will provide LTC facilities and other public health partners with a record of a facility's outbreak experience and highlight areas for outbreak prevention and response.

Instructions for each section of the form are described below. This form should be filled out by the designated infection preventionist with support from other clinicians in your facility (e.g., front-line nursing staff, physicians or other practitioners, consultant pharmacist, laboratory).

A LTC facility can use this form for internal documentation and dissemination of outbreak response activities. Facilities are encouraged to share this information with the appropriate public health authority by contacting the local health department. Should a facility decide to share this form with the local/state public health officials, please include facility contact information at the bottom of the form.

### Contents

<b>Section 1:</b> Facility Information .....	5
<b>Section 2:</b> Influenza Vaccination Status .....	5
<b>Section 3:</b> Pneumococcal Vaccination Status.....	5
<b>Section 4:</b> Case Definition .....	5
<b>Section 5:</b> Outbreak Period Information .....	5
<b>Section 6:</b> Staff Information .....	6
<b>Section 7:</b> Diagnostic and Laboratory Tests .....	6
<b>Section 8:</b> If Influenza Identified During Outbreak: .....	6
<b>Section 9:</b> Resident Outcome .....	6
<b>Section 10:</b> Facility Outbreak Control Interventions .....	6
<b>Section 11:</b> # of New Cases Per Day .....	6
<b>For HD Use Only</b> .....	6

# LTC Respiratory Surveillance Outbreak Summary

## Section 1: Facility Information

**Health Dept. Contact Name and Phone Number:** A LTC facility should have contact information (name or division, phone number) for the local and/or state health department for outbreak guidance and reporting purposes. Enter the health dept. contact information your facility used to request support during an outbreak.

**Date First Notified Local Health Dept:** Record the date you first contacted local or state public health during this outbreak at your facility.

**Total # of residents at facility:** Document the total number of residents in the facility at the time of the outbreak.

**Total # of employees:** Document the total number of staff working in the facility at the time of the outbreak. Staff includes all healthcare personnel (e.g., nurses, providers, consultants, therapists, food services, environmental services) whether employed, contracted or volunteer.

**Summary Form Status:** Information in the summary form may be completed over the course of the outbreak. Record the dates your facility started collecting information on the form and completed the outbreak summary report.

## Section 2: Influenza Vaccination Status

**Total # of residents vaccinated:** Record the total number of residents that received the Flu Vaccine within the past year.

**Total # of staff vaccinated:** Record the total number of staff that received the Flu Vaccine within the past year.

## Section 3: Pneumococcal Vaccination Status

**Total # of residents vaccinated:** Record the total number of residents that received at least one dose of the Pneumococcal Vaccine (either polysaccharide or conjugate).

## Section 4: Case Definition

Provide a description of the criteria used to determine whether a resident should be considered a case in this outbreak. The description can include: signs/symptoms, presence of positive diagnostic tests, location within facility, and the timeframe during which individuals may have been involved in the outbreak (e.g., within the past 4 weeks).

*Example: A Respiratory illness case includes any resident with the following symptoms: cough, shortness of breath, sputum production and fever residing on Units 2E or 2W, with onset of symptoms between Jan 15th and Feb 1st with or without a sputum specimen positive for Streptococcus pneumoniae.*

## Section 5: Outbreak Period Information

**Outbreak start: (Date of symptom onset of first case):** Record the date the first person developed signs/symptoms (e.g., fever, cough, shortness of breath) consistent with the outbreak illness.

**Average length of illness:** Estimate the average number of days it takes for signs/symptoms to resolve, based on clinical course among residents/staff affected by the outbreak illness.

**Outbreak end: (Symptom resolution date of last case):** Record the date the last person recovered from the outbreak illness and became symptom free for 24 hours.

**Total # of Cases:** Document the number of residents and staff (if applicable) who were identified as having the outbreak illness.



# LTC Respiratory Surveillance Outbreak Summary

## Section 6: Staff Information

Were any ill staff delivering resident care? Check yes or no.

- If yes, try to estimate the number of ill staff involved in resident care based on date when a staff member reported symptoms compared with the date when/if staff member was excused from work.

Did any staff seek medical attention for an acute respiratory infection at any time during the outbreak? Check yes or no.

- If yes, try to estimate the number of staff that sought medical attention based on self-report.

If available, indicate if ill staff received care at an emergency department (ED). Check yes or no and estimate number of staff.

If available, indicate if ill staff was hospitalized as a result of the outbreak illness. Check yes or no and estimate number of staff.

## Section 7: Diagnostic and Laboratory Tests

**Chest x-ray:** Fill in the box (yes or no) indicating whether or not residents and staff had an x-ray done as a part of the diagnosis of the outbreak illness. If yes, please record the # of individuals who received chest x-ray and the # of x-rays that had abnormal findings consistent with the outbreak illness.

List all bacterial (e.g., *S. pneumoniae*, *Mycoplasma*); viral (e.g., Influenza, RSV) organisms that were identified through laboratory testing; Use the space provided by "Other" to specify if a parasite or non-infectious cause of respiratory illness was identified.

**Diagnostic testing results:** In the table, each row corresponds to an organism identified during the outbreak. Use the column to specify the type of testing used to identify each organism (either microbiologic culture, PCR (also known as nucleic acid amplification) or specify if a different diagnostic test was used (e.g., Legionella urinary antigen). For each test type, document the total number of residents and staff that received laboratory confirmation by that test.

## Section 8: If Influenza Identified During Outbreak:

**Antiviral Treatment:** Fill in the box (yes or no) indicating whether or not antiviral treatment was offered. If antiviral treatment was offered, please record the total number of residents and staff that received treatment.

**Antiviral Prophylaxis Offered:** Fill in the box (yes or no) indicating whether or not antiviral prophylaxis was offered to any additional residents, staff or family members at risk for infection due to the outbreak. If antiviral prophylaxis was offered, please record the total number of residents and staff that received prophylaxis.

## Section 9: Resident Outcome

**Hospitalizations:** During the outbreak, fill in the box (yes or no) indicating whether or not hospitalization was required for any residents. If yes, please record how many residents were hospitalized.

**Deaths:** During the outbreak, fill in the box (yes or no) indicating whether or not any residents died. If yes, please record how many residents died during the outbreak period (deaths should be recorded even if unable to determine if outbreak illness was the cause).

## Section 10: Facility Outbreak Control Interventions

In this section, check if any of the infection control strategies listed were implemented at your facility in response to the outbreak. If a practice or policy change was implemented during the outbreak that is not listed (e.g., new cleaning/disinfecting products used, change to employee sick leave policy), specify in the space provided by "Other". For each strategy, record the date the change was implemented (if available).

## Section 11: # of New Cases Per Day

Please fill in the chart with the number of new cases that are residents and staff per day. Once each day is complete, add the number of new cases of residents and staff and place the sum in total column for that corresponding day.

In the space provided under the chart, record the date which corresponds to Day 1 on the outbreak period (i.e., date of outbreak start).

For HD Use Only	
<b>Facility Licensed by State:</b> Fill in the box (yes or no) indicating whether or not the facility is licensed by the state.	<b># of Licensed Beds:</b> Document the total number of licensed beds at the facility.
<b>Facility Certified by CMS:</b> Fill in the box (yes or no) indicating whether or not the facility is certified by the Center for Medicare and Medicaid Services (CMS).	<b># of staff employees:</b> Document the total number of facility employed staff working in the facility at the time of the outbreak.
<b>Facility Type:</b> Check that box that best describes the type of care the facility provides: Nursing home, Intermediate Care Facility, Assisted living Facility or Other (specify).	<b># of contract employees:</b> Document the total number of contract/consulting providers working in the facility at the time of the outbreak.

**LTC Respiratory Surveillance Outbreak Summary**

**1. Facility Information**

Health Dept. Contact Name: \_\_\_\_\_ Health Dept. Contact Phone Number: \_\_\_\_\_  
 Health Dept. Fax Number: \_\_\_\_\_ Date First Notified Local Health Dept.: \_\_\_/\_\_\_/\_\_\_  
 Total # of residents at facility: \_\_\_\_\_ Total # of employees (staff and contract personnel): \_\_\_\_\_  
 Summary Form Status: Date initiated: \_\_\_/\_\_\_/\_\_\_ Date completed: \_\_\_/\_\_\_/\_\_\_

**2. Influenza Vaccination Status**

Total # of residents vaccinated: \_\_\_\_\_ Total # of staff vaccinated: \_\_\_\_\_

**3. Pneumococcal Vaccination Status**

Total # of residents vaccinated: \_\_\_\_\_

**4. Symptomatic Case Definition**

*Summarize the definition of a symptomatic case during the outbreak, including symptoms, time range and location (if appropriate) within facility:*

**5. Outbreak Period Information**

Outbreak start: (Date of symptom onset of first case): ___/___/___ Average length of illness: _____ days Outbreak end: (Symptom resolution date of last case): ___/___/___	<b>Total # of Cases</b> Residents: _____ Staff: _____
--	--

**6. Staff Information**

Were any ill staff delivering resident care at the beginning of the outbreak?  Yes  No If yes, how many: \_\_\_\_\_  
 Did any ill staff seek outside medical care at the beginning or during the outbreak?  Yes  No If yes, how many: \_\_\_\_\_  
 ED Visit:  Yes  No If yes, how many: \_\_\_\_\_ Hospitalization:  Yes  No If yes, how many: \_\_\_\_\_

**7. Diagnostic and Laboratory Tests**

**Chest x-ray:**  Yes  No # performed: \_\_\_\_\_ # abnormal: \_\_\_\_\_  
 Which organisms were identified through laboratory testing:  
**Bacterial:** Specify \_\_\_\_\_ **Viral:** Specify \_\_\_\_\_ **Other:** Specify \_\_\_\_\_

Total # of Laboratory Confirmed Cases	Culture	PCR	Other Diagnostic Tests: Specify _____
Organism 1 _____	Residents: _____ Staff: _____	Residents: _____ Staff: _____	Residents: _____ Staff: _____
Organism 2 _____	Residents: _____ Staff: _____	Residents: _____ Staff: _____	Residents: _____ Staff: _____
Organism 3 _____	Residents: _____ Staff: _____	Residents: _____ Staff: _____	Residents: _____ Staff: _____

**8. If Influenza Identified During Outbreak:**

Antiviral **treatment** offered:  Yes  No Antiviral **prophylaxis** offered:  Yes  No  
 If yes, indicate total # : Residents \_\_\_\_\_ Staff \_\_\_\_\_ If yes, indicate total # : Residents \_\_\_\_\_ Staff \_\_\_\_\_

**9. Resident Outcome**

Hospitalizations:  Yes  No If yes, how many: \_\_\_\_\_ Deaths:  Yes  No If yes, how many: \_\_\_\_\_

**10. Facility Outbreak Control Measures**

- |   |  |
|---|--|
| <input type="checkbox"/> Educated on hand hygiene practices: Date: _____<br><input type="checkbox"/> Implemented transmission-based precautions: Date: _____<br><input type="checkbox"/> Dedicate staff to care for only affected residents: Date: _____<br><input type="checkbox"/> Suspend activities on affected unit: Date: _____<br><input type="checkbox"/> Notified family/visitors about outbreak: If yes, Date: _____<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Monitored appropriate HH and PPE use by staff: Date: _____<br><input type="checkbox"/> Cohorted ill residents within unit/building: Date: _____<br><input type="checkbox"/> Placed ill staff on furlough: Date: _____<br><input type="checkbox"/> Restricted new admissions to affected unit: Date: _____<br><input type="checkbox"/> Educated family/visitors about outbreak: If yes, Date: _____<br><input type="checkbox"/> Other: _____ |
|---|--|

**11. # of New Cases Per Day**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Residents														
Staff														
Total														

Indicate Date of Day 1: \_\_\_/\_\_\_/\_\_\_ List units/floors involved in the outbreak: \_\_\_\_\_

**For HD Use Only**

Facility Licensed by State:  Yes  No Facility ID: \_\_\_\_\_  
 Facility Certified by CMS:  Yes  No Facility Type:  Nursing home  Assisted living  Other (specify): \_\_\_\_\_  
 # of Licensed Beds: \_\_\_\_\_ # of staff employees: \_\_\_\_\_ # of contract employees: \_\_\_\_\_

## Infection Prevention, Control & Immunizations

**Infection Control:** This facility task must be used to investigate compliance at F880, F881, F882, F883, F885, and F886. For the purpose of this task, “staff” includes all facility staff (direct and indirect care functions), contracted staff, consultants, volunteers, others who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions. The infection prevention and control program (IPCP) must be facility-wide and include all departments and contracted services. If a specific care area concern is identified, it should be evaluated under the specific care area, such as for pressure ulcers, respiratory care, catheter care, and medication pass observations which include central lines, peripheral IVs, and oral/IM/respiratory medications.

Entry and screening procedures as well as resident care guidance have varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] COVID-19.”

**Please Note:**

**Surveyors conducting a COVID-19 Focused Infection Control (FIC) Survey for Nursing Homes (not associated with a recertification survey), must evaluate the facility’s compliance at all critical elements (CE) with the exception of CE#8 and CE#9. The surveyor must also examine the facility’s compliance at §483.73(b)(6) or E0024 (at Appendix Z) if the full Emergency Preparedness survey is not being conducted.**

## Infection Prevention, Control & Immunizations

### Coordination:

- Each surveyor is responsible for assessing the facility for breaks in infection control throughout the survey and is to answer CEs of concern (e.g., standard and transmission based precautions, source control).
- One surveyor performs or coordinates (e.g., immunization review) the facility task to review for:
  - Standard and transmission-based precautions
  - Resident care for COVID-19
  - Infection Prevention and Control Program (IPCP) standards, policies, and procedures
  - Infection surveillance
  - Visitor entry
  - Education, monitoring, and screening of staff
  - Staff and resident COVID-19 testing
  - Suspected or confirmed COVID-19 reporting to residents, representatives, and families
  - Laundry services
  - Antibiotic stewardship program
  - Infection Preventionist
  - Influenza and pneumococcal immunizations
- Sample residents/staff as follows:
  - Sample three staff, include at least one staff member who was confirmed COVID-19 positive or had signs or symptoms consistent with COVID-19 (if this has occurred in the facility), for purposes of determining compliance with infection prevention and control national standards such as exclusion from work, as well as screening, testing, and reporting.
  - Sample three residents for purposes of determining compliance with infection prevention and control national standards such as transmission-based precautions, as well as resident care, screening, testing, and reporting.
    - Include at least one resident who was confirmed COVID-19 positive or had signs or symptoms consistent with COVID-19 (if any).
    - Include at least one resident on transmission-based precautions (if any), for any reason other than COVID-19.
  - Sample five residents for influenza and pneumococcal immunizations.

### Standard and Transmission-Based Precautions (TBPs)

State and Federal surveyors should not cite facilities for not having certain supplies (e.g., Personal Protective Equipment (PPE) such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control (e.g., national or regional shortage). However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of PPE, the facility should contact their healthcare coalition (<https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>) or public health authorities for assistance, follow national and/or local guidelines for optimizing their current supply, or identify the next best option to care for residents. Among other practices,

## Infection Prevention, Control & Immunizations

optimizing their current supply may mean prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). Current CDC guidance for healthcare professionals is located at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> and healthcare facilities is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/us-healthcare-facilities.html>. Guidance on strategies for optimizing PPE supply is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.

### General Standard Precautions:

- Staff are performing the following appropriately:
  - Respiratory hygiene/cough etiquette,
  - Environmental cleaning and disinfection, and
  - Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use).

### Hand Hygiene:

- Appropriate hand hygiene practices (i.e., alcohol-based hand rub (ABHR) or soap and water) are followed.
- Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident with known or suspected *C. difficile* infection (CDI) or norovirus during an outbreak, or if endemic rates of CDI are high. ABHR is not appropriate to use under these circumstances.
- Staff perform hand hygiene (even if gloves are used) in the following situations:
  - Before and after contact with the resident;
  - After contact with blood, body fluids, or visibly contaminated surfaces;
  - After contact with objects and surfaces in the resident's environment;
  - After removing personal protective equipment (e.g., gloves, gown, eye protection, facemask); and
  - Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care).
- When being assisted by staff, resident hand hygiene is performed after toileting and before meals. How are residents reminded to perform hand hygiene?
- Interview appropriate staff to determine if hand hygiene supplies (e.g., ABHR, soap, paper towels) are readily available and who they contact for replacement supplies.

### Personal Protective Equipment (PPE) Use For Standard Precautions:

## Infection Prevention, Control & Immunizations

- Determine if staff appropriately use and discard PPE including, but not limited to, the following:
- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
  - Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin (and hand hygiene performed);
  - Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care;
  - An isolation gown is worn for direct resident contact if the resident has uncontained secretions or excretions (e.g., changing a resident and their linens when excretions would contaminate staff clothing);
  - Appropriate mouth, nose, and eye protection (e.g., facemasks, goggles, face shield) along with isolation gowns are worn for resident care activities or procedures that are likely to contaminate mucous membranes, or generate splashes or sprays of blood, body fluids, secretions or excretions;
  - All staff are wearing a facemask (e.g., a cloth face covering can be used by staff where PPE is not indicated, such as administrative staff who are not at risk of coming in contact with infectious materials);
  - When COVID-19 is present in the facility, staff are wearing an N95 or equivalent or higher-level respirator, instead of a facemask for aerosol generating procedures;
  - PPE is appropriately discarded after resident care, prior to leaving room (except in the case of extended use of PPE per national and/or local recommendations), followed by hand hygiene;
  - During the COVID-19 public health emergency, PPE use is extended/reused in accordance with national and/or local guidelines. If reused, PPE is cleaned/decontaminated/maintained after and between uses; and
  - Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are readily accessible in resident care areas (e.g., nursing units, therapy rooms).
- Interview appropriate staff to determine if PPE supplies are readily available, accessible, and used by staff, and who they contact for replacement supplies.
- Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?
  - How do you obtain PPE supplies before providing care?
  - Who do you contact for replacement supplies?

### Source Control for COVID-19:

- Ensure residents (when receiving visitors or while outside of their room), visitors, and others at the facility are donning a cloth face covering or facemask while in the facility or while around others outside.

### Transmission-Based Precautions (TBP):

- Determine if appropriate transmission-based precautions are implemented, including but not limited to:
- For a resident on contact precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment;

## Infection Prevention, Control & Immunizations

- For a resident on droplet precautions: staff don a facemask and eye protection (goggles or face shield) within six feet of a resident and prior to resident room entry (*certain PPE should already be in use because of COVID-19*);
  - For a resident on airborne precautions: staff don a fit-tested N95 or higher level respirator prior to room entry of a resident;
  - For a resident with an undiagnosed respiratory infection (and tested negative for COVID-19): staff follow standard, contact, and droplet precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires airborne precautions (e.g., tuberculosis);
  - For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).
    - Some procedures performed on residents with known or suspected COVID-19 could generate infectious aerosols (i.e., aerosol-generating procedures (AGPs)). In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
      - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and an isolation gown;
      - The number of staff present during the procedure should be limited to only those essential for resident care and procedure support;
      - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed; and
      - Clean and disinfect the room surfaces with an appropriate disinfectant. Use disinfectants on EPA's List N: Disinfectants for Coronavirus (COVID-19) or other national recommendations.
  - Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then reusable resident medical equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare settings and effective against the identified organism (if known) prior to use on another resident.
  - Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare settings and effective against the organism identified (if known) at least daily and when visibly soiled.
  - Signage on the use of specific PPE (for staff) is posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide).
- Observe staff to determine if they use appropriate infection control precautions when moving between resident rooms, units and other areas of the facility.
- Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.
- If concerns are identified, expand the sample to include more residents on transmission-based precautions.

## Infection Prevention, Control & Immunizations

**1. Did the staff implement appropriate standard (e.g., hand hygiene, appropriate use of PPE, environmental cleaning and disinfection, and reprocessing of reusable resident medical equipment) and transmission-based precautions (if applicable)?**  Yes  No F880

### Resident Care for COVID-19

- Residents on transmission-based precautions are restricted to their rooms except for medically necessary purposes. If these residents have to leave their room, they are wearing a facemask or cloth face covering, performing hand hygiene, limiting their movement in the facility, and performing social distancing (efforts are made to keep them at least 6 feet away from others).
- The facility ensures only COVID-19 negative, and those not suspected or under observation for COVID-19, participate in group outings, group activities, and communal dining. The facility is ensuring that residents are maintaining social distancing (e.g., limited number of people in areas and spaced by at least 6 feet), performing hand hygiene, and wearing cloth face coverings.
- The facility has a plan (including appropriate placement and PPE use) to manage residents that are new/readmissions under observation, those exposed to COVID-19, and those suspected of COVID-19. These actions are based on national (e.g., CDC), state and/or local public health authority recommendations.
- The facility has a plan to prevent transmission, including a dedicated space in the facility for cohorting and managing care for residents with COVID-19. These actions are based on national (e.g., CDC), state and/or local public health authority recommendations.
- For residents who develop severe symptoms of illness and require transfer to a hospital for a higher level of care, the facility alerts emergency medical services and the receiving facility of the resident's diagnosis (suspected, observation, or confirmed COVID-19) and precautions to be taken by transferring and receiving staff as well as place a facemask or cloth face covering on the resident during transfer (as tolerated).
- For residents who need to leave the facility for care (e.g. dialysis, etc.), the facility notifies the transportation and receiving health care team of the resident's suspected, observation, or confirmed COVID-19 status.

**2. Did staff provide appropriate resident care for COVID-19 related concerns?**  Yes  No F880

### IPCP Standards, Policies, Procedures and Education:

- The facility established a facility-wide IPCP including written IPCP standards, policies, and procedures that are current and based on the facility assessment [according to 483.70(e)] and national standards (e.g., for undiagnosed respiratory illness and COVID-19).
- The facility's policies or procedures include which communicable diseases are reportable to local and/or state public health authorities and contain when to notify if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected. The facility has a current list of reportable communicable diseases.
- Staff (e.g., nursing and unit managers) can identify and describe the communication protocol with local/state public health officials (e.g., to whom and when communicable diseases, healthcare-associated infections (as appropriate), and potential outbreaks must be reported).



## Infection Prevention, Control & Immunizations

- There is evidence the facility has provided education to staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions). How does the facility convey updates on COVID-19 to all staff?
- The policies and procedures are reviewed at least annually.
- Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

**3. Does the facility have a facility-wide IPCP including standards, policies, procedures and education that are current, based on national standards, and reviewed at least annually?**  Yes  No F880

### Infection Surveillance:

- The facility has a screening process that all staff must complete prior to or at the beginning of their shift that reviews for signs/symptoms of illness and must include whether fever is present. The facility is documenting staff with signs/symptoms (e.g., fever) of COVID-19 according to their surveillance plan.
- Interview staff to determine what the screening process is, if they have had signs/symptoms of COVID-19 during the screening process, who they discussed their positive screening with at the facility and what actions were taken (e.g., work exclusion, COVID-19 testing).
- If staff develop symptoms at work (as stated above), the facility:
  - Informs the facility's infection preventionist and includes information on individuals, equipment, and locations the person came in contact with; and
  - Follows current guidance about returning to work (e.g., local health department, CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>).
- The facility identifies the number of residents and staff in the facility, if any, that have fever, respiratory signs/symptoms, or other signs/symptoms related to COVID-19.
- The facility identifies the number of residents and staff, if any, that have been diagnosed with COVID-19 and when the first case was confirmed.
- The facility prohibits employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit disease. Staff are excluded from work according to national standards.
- The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of infections. For COVID-19 that includes resident surveillance of fever, respiratory illness, or other signs/symptoms of COVID-19 at least daily, and immediately isolate anyone who is symptomatic.
- The plan includes early detection, management of a potentially infectious, symptomatic resident that requires laboratory testing and/or the implementation of appropriate transmission-based precautions/PPE (the plan may include tracking this information in an infectious disease log).

## Infection Prevention, Control & Immunizations

- The plan uses evidence-based surveillance criteria (e.g., CDC NHSN Long-Term Care or revised McGeer Criteria) to define infections and the use of a data collection tool.
- The plan includes ongoing analysis of surveillance data and review of data and documentation of follow-up activity in response.
- The facility has a process for communicating at time of transfer to an acute care hospital or other healthcare provider the diagnosis to include infection or multidrug-resistant organism colonization status, special instructions or precautions for ongoing care such as transmission-based precautions, medications [e.g., antibiotic(s)], laboratory and/or radiology test results, treatment, and discharge summary (if discharged).
- The facility has a process for obtaining pertinent notes such as discharge summary, lab results, current diagnoses, treatment, and infection or multidrug-resistant organism colonization status when residents are transferred back from acute care hospitals.
- Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

**4. Did the facility provide appropriate infection surveillance?**  Yes  No F880

### Visitor Entry

- Review for compliance of:
  - Screening processes and criteria (i.e., screening questions and assessment of illness);
  - Visitation is conducted according to residents' rights for visitation and in a manner that does not lead to transmission of COVID-19; and
  - Signage posted at facility entrances for screening and restrictions as well as a communication plan to alert visitors of new procedures/restrictions.
- The facility instructs those permitted entry to frequently perform hand hygiene; limit their interactions with others in the facility and surfaces touched; restrict their visit to the resident's room or other location designated by the facility; maintain at least six feet from others in the facility; and are required to wear a cloth face covering or facemask during the duration of their visit. What is the facility's process for communicating this information?
- The facility advises those permitted entry to monitor for signs and symptoms of COVID-19 and appropriate actions to take if signs and/or symptoms occur.

**5. Did the facility perform appropriate screening, restriction, and education of visitors?**  Yes  No F880

### Suspected or Confirmed COVID-19 Reporting to Residents, Representatives, and Families

This CE is relevant to facilities that have had confirmed cases or clusters of suspected COVID-19 infection.

## Infection Prevention, Control & Immunizations

Identify the mechanism(s) the facility is using to inform residents, their representatives, and families (e.g., newsletter, email, website, recorded voice message):

- The facility informed all residents, their representatives, and families by 5 PM the next calendar day following the occurrence of a single confirmed COVID-19 infection or of three or more residents or staff with new onset of respiratory symptoms that occurred within 72 hours of each other.
- The information included mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., visitation or group activities).
- The information did not include personally identifiable information.
- The facility provides cumulative updates to residents, their representatives, and families at least weekly or by 5 PM the next calendar day following the subsequent occurrence of either: each time a confirmed COVID-19 infection is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours of each other.
- Interview a resident and a resident representative or family member to determine whether they are receiving timely notifications.

**6. Did the facility inform residents, their representatives, and families of suspected or confirmed COVID-19 cases in the facility along with mitigating actions in a timely manner?**  Yes  No F885  N/A

### Staff and Resident COVID-19 Testing

Review the facility's testing documentation (e.g., logs of county level positivity rate, testing schedules, staff and resident records, other documentation). If possible, observe how the facility conducts testing, including the use of PPE and specimen collection. If such observation is not possible, interview an individual responsible for testing and inquire how testing is conducted (e.g., "what are the steps taken to conduct each test?").

- The facility conducts testing of staff based on the county level positivity rate according to the recommended frequency.
- Based on observation or interview, the facility conducts testing and specimen collection in a manner that is consistent with current standards of practice for conducting COVID-19 tests.
- The facility's documentation demonstrates the facility conducts testing of residents or staff with signs or symptoms of COVID-19 in a manner that is consistent with current standards of practice for conducting COVID-19 tests.
- The facility's documentation demonstrates the facility conducts testing of residents and staff based on the identification of an individual diagnosed with COVID-19 in the facility in a manner that is consistent with current standards of practice for conducting COVID-19 tests.
- The facility takes actions to prevent the transmission of COVID-19 upon the identification of an individual with symptoms consistent with or who tests positive for COVID-19.
- The facility has procedures for addressing residents and staff that refuse testing or are unable to be tested.

## Infection Prevention, Control & Immunizations

- If there was an issue related to testing supplies or processing tests, ensure the facility made adequate attempts to obtain supplies by contacting the state and/or local health departments, local laboratories for assistance. If the facility conducts their own tests, they should also contact the supplier.

**7. Is the facility in compliance with requirements for staff and resident COVID-19 testing?**  Yes  No **F886**

### Laundry Services:

- Determine whether staff handle, store, and transport linens appropriately including, but not limited to:
- Using standard precautions (i.e., gloves) and minimal agitation for contaminated linen;
  - Holding contaminated linen and laundry bags away from his/her clothing/body during transport;
  - Bagging/containing contaminated linen where collected, and sorted/rinsed only in the contaminated laundry area (double bagging of linen is only recommended if outside of the bag is visibly contaminated or is observed to be wet on the outside of the bag);
  - Transporting contaminated and clean linens in separate carts; if this is not possible, the contaminated linen cart should be thoroughly cleaned and disinfected per facility protocol before being used to move clean linens. Clean linens are transported by methods that ensure cleanliness, e.g., protect from dust and soil;
  - Ensuring mattresses, pillows, bedding, and linens are maintained in good condition and are clean (Refer to F584); and
  - If a laundry chute is in use, laundry bags are closed with no loose items.
- Laundry Rooms – Determine whether staff:
- Maintain/use washing machines/dryers according to the manufacturer’s instructions for use;
  - If concerns, request evidence of maintenance log/record; and
  - Use detergents, rinse aids/additives, and follow laundering directions according to the manufacturer’s instructions for use.

**8. Did the facility store, handle, transport, and process linens properly?**  Yes  No **F880**  N/A, not a recertification survey

### Antibiotic Stewardship Program:

- Determine whether the facility has an antibiotic stewardship program that includes:
- Written antibiotic use protocols on antibiotic prescribing, including the documentation of the indication, dosage, and duration of use of antibiotics;
  - Protocols to review clinical signs and symptoms and laboratory reports to determine if the antibiotic is indicated or if adjustments to therapy should be made and identify what infection assessment tools or management algorithms are used for one or more infections (e.g., SBAR tool for urinary tract infection (UTI) assessment, Loeb minimum criteria for initiation of antibiotics);

## Infection Prevention, Control & Immunizations

- A process for a periodic review of antibiotic use by prescribing practitioners: for example, review of laboratory and medication orders, progress notes and medication administration records to determine whether or not an infection or communicable disease has been documented and whether an appropriate antibiotic has been prescribed for the recommended length of time. Determine whether the antibiotic use monitoring system is reviewed when the resident is new to the facility, when a prior resident returns or is transferred from a hospital or other facility, during each monthly drug regimen review when the resident has been prescribed or is taking an antibiotic, or any antibiotic drug regimen review as requested by the QAA committee;
- Protocols to optimize the treatment of infections by ensuring that residents who require antibiotics are prescribed the appropriate antibiotic; and
- A system for the provision of feedback reports on antibiotic use, antibiotic resistance patterns based on laboratory data, and prescribing practices for the prescribing practitioner.

**9. Did the facility conduct ongoing review for antibiotic stewardship?**  Yes  No F881  N/A, not a recertification survey

### Infection Preventionist (IP):

During interview with facility administration and Infection Preventionist(s), determine the following:

- The facility designated one or more individual(s) as the infection preventionist(s) who are responsible for the facility's IPCP.
- The Infection Preventionist(s) works at least part-time at the facility.
- The Infection Preventionist(s) completed specialized training in infection prevention and control.

**10. Did the facility designate at least one qualified IP, who is responsible for the facility's IPCP?**  Yes  No F882

### Influenza and Pneumococcal Immunizations:

- Select five residents in the sample to review for the provision of influenza/pneumococcal immunizations.
- Document the names of residents selected for review.
- Review the records of the five residents for documentation of:
  - Screening and eligibility to receive the vaccine;
  - The provision of education related to the influenza or pneumococcal immunizations (such as the benefits and potential side effects);
  - The administration of pneumococcal and influenza vaccine, in accordance with national recommendations. Facilities must follow the CDC and Advisory Committee on Immunization Practices (ACIP) recommendations for vaccines; and
  - Allowing a resident or representative to refuse either the influenza and/or pneumococcal vaccine. If not provided, documentation as to why the vaccine was not provided.

## Infection Prevention, Control & Immunizations

- For surveys occurring during influenza season, unavailability of the influenza vaccine can be a valid reason why a facility has not implemented the influenza vaccine program, especially during the early weeks of the influenza season. Ask the facility to demonstrate that:
- The vaccine has been ordered and the facility received a confirmation of the order indicating that the vaccine has been shipped or that the product is not available but will be shipped when the supply is available; and
  - Plans are developed on how and when the vaccines are to be administered.
- As necessary, determine if the facility developed influenza and pneumococcal vaccine policies and procedures, including the identification and tracking/monitoring of all facility residents' vaccination status.

**11. Did the facility provide influenza and/or pneumococcal immunizations as required or appropriate?  Yes  No F883**