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|  | RESIDENTIAL CARE INFECTION CONTROL State Form 57102 (4-21)  INDIANA STATE DEPARTMENT OF HEALTH / DIVISION OF LONG-TERM CARE | | | | |
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| Name of facility | | | | Facility number | |
| Name of surveyor | | Identification number of surveyor | | Date of observation *(month, day, year)* | |
| Potential concerns from offsite preparations | | | | | |
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| **Coordination** | | | | | |
| Each surveyor is responsible for assessing the facility for breaks in infection control.  Sample residents / staff as follows:   * Sample three (3) staff; include at least one (1) 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, and reporting. * Sample three (3) residents for purposes of determining compliance with infection prevention and control national standards such as transmission-based precautions, as well as resident care, screening, and reporting. Include at least one resident who was confirmed COVID-19 positive or had signs or symptoms consistent with COVID-19 (if any). | | | | | |
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| **Infection Surveillance** | | | | | |
| The facility must establish and infection control program that includes:   * A system that enables the facility to analyze patterns of known infection symptoms. * Provides orientation and in-service on infection prevention and control. * Offers Health information to residents, including, but not limited to, infection transmission and immunizations. * Reporting communicable disease to public health authorities. * The plan includes ongoing analysis of surveillance data and review of data and documentation of follow-up activity in response. * Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon. | | | | | |
| Did the facility establish an infection control program that included, but was not limited to, the above information? | | | Yes  No | | **R0407** |
| **COVID-19 Focus** | | | | | |
| * The facility has a screening process to ensure 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 communicable illness including, but not limited to, 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). * Follows current guidance about returning to work. * Visitation is conducted according to residents’ rights for visitation and in a manner that does not lead to transmission of COVID-19; and has instructs those visiting on Infection Control Practices. * Signage posted at facility entrances for screening and restrictions as well as a communication plan to alert visitors of new procedures/restrictions. * Residents on transmission-based precautions are restricted to their rooms except for medically necessary purposes. If these residents must 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 face coverings. * The facility has a plan (including appropriate placement and PPE use) to manage residents that are new/readmissions, or are diagnosed with COVID-19, following current CDC guidance and state (e.g., CDC), state and/or local public health authority recommendations. * For residents who need to leave the facility for care (e.g., hospital transfer, dialysis, etc.), the facility notifies the transportation and receiving health care team of the resident’s suspected, observation, or confirmed COVID-19 status. | | | | | |
| Did the facility establish an infection control program that included, but was not limited to, perform appropriate screening of staff and visitors, and follow current standards of Infection control practices for COVID-19? | | | Yes  No | | **R407** |
| **Suspected or Confirmed COVID-19 Reporting to Residents, Representatives, and Families** | | | | | |
| * Identify the mechanism(s) the facility is using to inform residents, their representatives, and families (e.g., newsletter, e-mail, website, recorded voice message) and ensure the notification follows state guidelines, and ensure notifications are timely. | | | | | |
| 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 | | **R036** |

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| **Standard and Transmission-Based Precautions (TBPs)** | | |
| 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. However, facilities are expected 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. | | |
| **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. * Staff perform hand hygiene (even if gloves are used) in the following situations:  1. Before and after contact with the resident. 2. After contact with blood, body fluids, or visibly contaminated surfaces. 3. After contact with objects and surfaces in the resident’s environment. 4. After removing personal protective equipment (e.g., gloves, gown, eye protection, facemask); and  * 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. | | |
| Did the staff wash their hands as indicated by professional standards? | Yes  No | **R0414** |
| **Personal Protective Equipment (PPE) Use for Standard Precautions and Transmission-Based Precautions** | | |
| Determine if staff appropriately use and discard PPE including, but not limited to, the following:   * All staff are wearing appropriate PPE as indicated by CDC and state guidance. * Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin, and are removed after use and hand hygiene performed. * 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 for procedures that are likely to contaminate mucous membranes, or generate splashes or sprays of blood, body fluids, secretions, or excretions. * 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. | | |
| Did the facility follow infection control practice designed to provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of disease and infection? | Yes  No | **R406 (offense)** |
| **Transmission-Based Precautions (TBP)** | | |
| Determine if appropriate transmission-based precautions are implemented, including but not limited to:   * 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 are monitored for compliance, including, but not limited to, sanitizing surfaces and reusable equipment. | | |
| Did the staff implement appropriate Infection control practices? | Yes  No | **R406 / R0413** |