| **Requirements** | **Met** | **Not Met** | **Validation Source** |
| --- | --- | --- | --- |
| **COVID-19 Focused Infection Control Survey: Acute and Continuing Care (Hospitals, Psychiatric Hospitals and Critical Access Hospitals)**This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, it will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. For purposes of this document, “staff” includes employees, consultants, contractors, volunteers, and others who provide care and services to patients on behalf of the facility. Additionally, the general term “facility” means inpatient, congregate settings, hospitals, intermediate care facilities for individuals with intellectual disabilities, dialysis facilities, and clinics, and “home” refers to settings such as hospice and home health where care is provided in the home. Please refer to Appendix Z of the State Operations Manual to cite the specific Emergency Preparedness E-Tags (e.g. emergency staffing) |
| **Entering the Facility/Triage/Registration/Visitor Handling** |
| **Prior to entering the facility** |
| * Is signage posted at facility entrances with visitation restrictions and screening procedures?
 |  |  |  |
| * Are signs posted at entrances with instructions to individuals seeking medical care with symptoms of respiratory infection to immediately put on a mask and keep it on during their assessment, cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions?
 |  |  |  |
| **Upon entering the facility** |
| * Are staff trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspect COVID-19 cases?
 |  |  |  |
| * Is there a process that occurs after a suspected case is identified to include immediate notification of facility leadership/infection control?
 |  |  |  |
| * Are facilities providing signage at entrances for screening individuals, provide temperature checks/ ask about fever, and encourage frequent hand washing and use of hand sanitizer before entering the facility and before and after entering patient rooms?
 |  |  |  |
| **Visitation** |
| * Is the facility limiting visitation?For example, limitations may include restricting the number of visitors per patient, or limiting visitors to only those that provide assistance to the patient, or limiting visitors under a certain age
 |  |  |  |
| * Are facilities actively screening visitors (CDC currently recommends staff are checking for fever and signs and/or symptoms of respiratory infection, and other criteria such as travel or exposure to COVID-19)?
 |  |  |  |
| * What is your current screening criteria?
 |  |  |  |
| * For permitted visitors are they instructed to frequently perform hand hygiene; limit their interactions with others in the facility; restrict their visit to the patient’s room or other location designated by the facility; and offered personal protective equipment (PPE) as supply allows?
 |  |  |  |
| * Did the facility perform appropriate screening of visitors?
 |  |  |  |
| Has the facility identified visitors and patients at risk for having COVID-19 infection before or immediately upon arrival to the facility by asking the following:* Signs or symptoms of a respiratory infection, such as a fever, cough, or difficulty breathing
* Contact with a person who is positive for COVID-19 or with someone who is considered a PUI or someone who is ill with respiratory illness
* Travel within the last 14 days to areas with widespread or ongoing COVID-19 community spread. For updated information on countries and restricted areas within the U.S., visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>
* Residence or working in a community where community-based spread of COVID-19 is occurring. For more information on mitigation plans for communities identified to be at risk, visit: https://www.cdc.gov/coronavirus/2019-ncov/community/index.html
 |  |  |  |
| Are visitors receiving the same screening as patients, including whether they have had: * Fever or symptoms of a respiratory infection, such as a cough and difficulty breathing
* International travel within the last 14 days to CDC Level 3 risk countries. For updated information on restricted countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html and for considerations after recent international travel visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html
* Recent trips (within the last 30 days) on cruise ships. For updated information on recent cruise ship travel, visit the CDC website: https://wwwnc.cdc.gov/travel/page/covid-19-cruise-ship
* Contact with someone with known or suspected COVID-19 or ill with respiratory illness
* Travel in the last 14 days within the United States to restricted areas. Information and guidance on restricted areas within the US, visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html
 |  |  |  |
| Are facilities ensuring patients have adequate and lawful access to chaplains or clergy in conformance with the Religious Freedom Restoration Act and Religious Land Use and Institutionalized Persons Act? |  |  |  |
| If visiting and not seeking medical treatment themselves, individuals with fevers, cough, difficulty breathing, body aches or runny nose or those who are not following infection control guidance are being restricted from entry? |  |  |  |
| Are facilities instructing visitors to limit their movement within the facility by reducing such things as walking the halls or trips to the cafeteria? |  |  |  |
| Are facilities establishing limited entry points for all visitors and/or establish alternative sites for screening prior to entry? |  |  |  |
| Are facilities implementing measures to: * Increase communication with families (phone, social media, etc.)
 |  |  |  |
| * Potentially offer a hotline with a recording that is updated at set times so families can stay current on the facility’s general status.
 |  |  |  |
| * If appropriate, consider offering telephonic screening of recent travel and wellness prior to coming in for scheduled appointments. This may help limit the amount of visitor movement throughout the organization and congestion at entry points.
 |  |  |  |
| Is the facility considering closing common visiting areas and encouraging patients to visit with loved ones in their patient rooms? |  |  |  |
| **Standard and Transmission-Based Precautions (TBPs)** |
| * Has the facility taken actions to mitigate any resource shortages and be able to 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 (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact their healthcare coalition for assistance (https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx), follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for patients. Among other practices, 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)
 |  |  |  |
| **General Standards** |
| Are staff performing the following appropriately: * Respiratory hygiene/cough etiquette
 |  |  |  |
| * Environmental cleaning and disinfection, and
 |  |  |  |
| * Reprocessing of reusable patient medical equipment (i.e., cleaning and disinfection per device and disinfectant manufacturer’s instructions for use)?
 |  |  |  |
| **Hand Hygiene** |
| Are staff performing hand hygiene when indicated?  |  |  |  |
| If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used by staff for hand hygiene?  |  |  |  |
| Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), If there are shortages of ABHR, hand hygiene using soap and water is used instead?  |  |  |  |
| Do staff perform hand hygiene (even if gloves are used) in the following situations: * Before and after contact with patients;
 |  |  |  |
| * After contact with blood, body fluids, or visibly contaminated surfaces or other objects and surfaces in the care environment;
 |  |  |  |
| * After removing personal protective equipment (e.g., gloves, gown, facemask);
 |  |  |  |
| * 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, medication preparation, and/or dressing care)
 |  |  |  |
| Interview appropriate staff to determine if hand hygiene supplies are readily available and who they contact for replacement supplies |  |  |  |
| Did staff implement appropriate hand hygiene? |  |  |  |
| **Personal Protective Equipment (PPE)** |
| Determine if staff appropriately use 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;
 |  |  |  |
| * Gloves are changed and hand hygiene is performed before moving from a contaminated site to a clean site during care (body, equipment, etc.);
 |  |  |  |
| * An isolation gown is worn for direct patient contact if the patient has uncontained secretions or excretions;
 |  |  |  |
| * A facemask, gloves, isolation gown, and eye protection are worn when caring for a patient with new acute cough or symptoms of an undiagnosed respiratory infection unless the suspected diagnosis requires airborne precautions (e.g., tuberculosis)
 |  |  |  |
| If PPE use is extended/reused, is it done according to national and/or local guidelines? If it is reused, is it cleaned/decontaminated/maintained after and/or between uses?  |  |  |  |
| Interview appropriate staff to determine if PPE is available, accessible and used by staff. * 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?
 |  |  |  |
| * Do staff know how to obtain PPE supplies before providing care?
 |  |  |  |
| * Do they know who to contact for replacement supplies?
 |  |  |  |
| **Aerosol – Generating Procedures**  |
| Appropriate mouth, nose, clothing, gloves, and eye protection (e.g., N95 or higher-level respirator, if available; face shield, gowns) is worn for performing aerosol-generating and/or procedures that are likely to generate splashes or sprays of blood or body fluids and COVID-19 is suspected  |  |  |  |
| Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. 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 a gown
 |  |  |  |
| * The number of staff present during the procedure should be limited to only those essential for 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
 |  |  |  |
| * Clean and disinfect procedure room surfaces promptly as and with appropriate disinfectant. Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program for use against SARS-COV-2 or other national recommendations
 |  |  |  |
| Did staff implement appropriate use of PPE?  |  |  |  |
| **Transmission-Based Precautions** |
| Determine if appropriate transmission-based precautions are implemented, including but not limited to: * Signage on the patient’s room regarding need for transmission-based precautions
 |  |  |  |
| * PPE use by staff (i.e., don gloves and gowns before contact with the patient and their care environment while on contact precautions; don facemask within three feet of a patient on droplet precautions; for facilities that use/have N-95 masks - don an fit-tested N95 or higher level respirator prior to room entry of a patient on airborne precautions);
 |  |  |  |
| * Dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) are used, or if not available, then equipment is cleaned and disinfected according to manufacturers’ instructions using an EPA-registered disinfectant prior to use on another patient or before being returned to a common clean storage area;
 |  |  |  |
| * When transport or movement is medically-necessary outside of the patient room, does the patient wear a facemask?
 |  |  |  |
| * Contaminated surfaces, objects and environmental surfaces that are touched frequently and in close proximity to the patient (e.g., bed rails, over-bed table, bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare use (effective against the organism identified if known) at least daily and when visibly soiled.
 |  |  |  |
| Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance |  |  |  |
| For providers of care in the home, has the provider, educated patients and family members regarding transmission of infectious diseases and specifically mitigating transmission of COVID-19 |  |  |  |
| 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 patients with transmission-based precautions |  |  |  |
| Did the staff implement appropriate transmission-based precautions?  |  |  |  |
| **Standards, Policies and Procedures** |
| Did the facility establish a facility-wide IPCP including written standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?  |  |  |  |
| Does the facility’s policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?  |  |  |  |
| Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary |  |  |  |
| Did the facility develop and implement an overall IPCP including policies and procedures for undiagnosed respiratory illness and COVID-19?  |  |  |  |
| **Infection Surveillance** |
| Does the facility know how many patients in the facility have been diagnosed with COVID-19 (suspected and confirmed)?  |  |  |  |
| The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of fever, respiratory illness, or other signs/symptoms of COVID-19 |  |  |  |
| The plan includes early detection, management of a potentially infectious, symptomatic patient and the implementation of appropriate transmission-based precautions/PPE |  |  |  |
| The facility has a process for communicating the diagnosis, treatment, and laboratory test results when transferring patients to an acute care hospital or other healthcare provider |  |  |  |
| Can appropriate staff (e.g., nursing and leadership) identify/describe the communication protocol with local/state public health officials?  |  |  |  |
| Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon |  |  |  |
| Did the facility provide appropriate infection surveillance?  |  |  |  |
| **Education, Monitoring, and Screening of Staff** |
| Is there evidence the provider has educated staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?  |  |  |  |
| How does the provider convey updates on COVID-19 to all staff?  |  |  |  |
| Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)? |  |  |  |
| If staff develop symptoms at work (as stated above), does the facility: * have a process for staff to report their illness or developing symptoms;
 |  |  |  |
| * place them in a facemask and have them return home for appropriate medical evaluation;
 |  |  |  |
| * inform the facility’s infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and
 |  |  |  |
| * Follow 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)
 |  |  |  |
| Did the facility provide appropriate education, monitoring, and screening of staff?  |  |  |  |
| If healthcare personnel has been exposed or infected with COVID-19, are they return to work in hospitals that has test-base strategies and are excluded from work until: * Resolution of fever without the use of fever-reducing medications, **and**
* Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
* Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)[1]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV)
 |  |  |  |
| If the facility is a non-test based, are personnel who have been exposed or infected with COVID-19 excluded from work until:* At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
* At least 7 days have passed since symptoms first appeared
 |  |  |  |
| Are healthcare personnel who were never tested for COVID-19 but have an alternate diagnosis such as having tested positive for influenza returning to work based on existing guidance for that diagnosis? |  |  |  |
| Before returning to work, are exposed healthcare personnel:* Consulting with their occupational health program
* being monitored for symptoms, and
* seeking re-evaluation from occupational health if fever and/or respiratory symptoms recur or worsen
 |  |  |  |
| Are staff aware to report cases report cases of illness to their supervisor, employee health service, and/or occupational health clinic? Are they aware to consult their healthcare provider if they are experiencing signs/symptoms consistent with COVID-19? |  |  |  |
| **Emergency Preparedness- Staffing in Emergencies** |
| Policy development: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the patients when needed during an emergency, such as a COVID-19 outbreak?  |  |  |  |
| Policy implementation: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the patient? (N/A if an emergency staff was not needed)  |  |  |  |
| Did the facility develop and implement policies and procedures for staffing strategies during an emergency?  |  |  |  |
| **Patient Care** |
| Is the facility restricting patients (to the extent possible) to their rooms except for medically necessary purposes? If patients have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (stay at least 6 feet away from others). If PPE shortage is an issue, facemasks should be limited to patients diagnosed with COVID-19 or has signs/symptoms of respiratory illness or COVID-19 |  |  |  |
| Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations? |  |  |  |
| Did staff provide appropriate care for patients with known or suspected COVID-19? (Hospital Tag A-0747, CAH TAG C-0278) |  |  |  |
| Is the facility providing special consideration to patients with psychiatric or cognitive disabilities to ensure they are able to adhere to the COVID-19 discharge recommendations and fully comprehend the significance of the precautions, or they have a family member or significant other involved to assist with these restrictions? |  |  |  |
| **Environmental Cleaning** |
| During environmental cleaning procedures, personnel wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection)?  |  |  |  |
| Environmental surfaces in patient care areas are cleaned and disinfected, using an EPA-registered disinfectant on a regular basis (e.g., daily), when spills occur and when surfaces are visibly contaminated? Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program for use against SARS-COV-2 or other national recommendations |  |  |  |
| Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturer’s instructions (e.g., dilution, storage, shelf-life, contact time) |  |  |  |
| The hospital decontaminates spills of blood or other body fluids according to its policies and procedures, using appropriate EPA-registered hospital disinfectants? |  |  |  |
| Did staff provide appropriate environmental cleaning for facilities with known or suspected COVID-19? (Hospital Tag A-0747, CAH TAG C-0278) |  |  |  |
| **Inpatient Settings** |
| Has the facility rescheduled elective surgeries, procedures, and other visits as necessary? |  |  |  |
| Has the facility shifted elective urgent inpatient diagnostic and surgical procedures to outpatient settings, when feasible? |  |  |  |
| Is the facility maintaining social distancing of at least six feet during group therapy interactions? |  |  |  |
| Has the facility limited visitors to COVID-19 positive patients and persons under investigation (PUI)? |  |  |  |
| Has the facility planned for a surge of critically ill patients and identify additional space to care for these patients. Include options for:* Using alternate and separate spaces in the ER, ICUs, and other patient care areas to manage known or suspected COVID-19 patients
* Separating known or suspected COVID-19 patients from other patients (“cohorting”)
* Identifying dedicated staff to care for COVID-19 patients
 |  |  |  |
| **Outpatient Settings** |
| Is the facility reschedule non-urgent outpatient visits as necessary? |  |  |  |
| Is the facility considering reaching out to patients who may be at a higher risk of COVID-19-related complications such as the elderly, those with medical co-morbidities, and potentially other persons who are at higher risk for complications from respiratory diseases, such as pregnant women to ensure adherence to current medications and therapeutic regimens? Are they confirming they have sufficient medication refills, and provide instructions to notify their provider by phone if they become ill? |  |  |  |
| Is the facility considering accelerating the timing of high priority screening and intervention needs for the short-term, in anticipation of the possible need to manage an influx of COVID-19 patients in the weeks to come? |  |  |  |
| Are symptomatic patients who need to be seen in a clinical setting being asked to call before they leave home, so staff are ready to receive them using appropriate infection control practices, including providing a mask for the potentially infectious patient before or immediately upon entry into the healthcare facility, and personal protective equipment for the healthcare personnel? |  |  |  |
| **Dialysis Facilities** |
| **Hand Hygiene** |
| Perform handwashing with soap and water at dedicated handwashing sinks if hands are visibly soiled (see §494.30(a)(1)(i)) |  |  |  |
| Remove gloves and perform hand hygiene between each patient or dialysis station |  |  |  |
| **Cleaning and Disinfection** |
| Items taken to the dialysis station must be either disposed of, dedicated for use on a single patient or cleaned and disinfected before being taken to a common clean area or used on another patient  |  |  |  |
| Use proper aseptic technique during vascular access care, medication preparation and administration |  |  |  |
| Proper cleaning and disinfection of the dialysis station including the dialysis machine, chair, prime waste receptacle, reusable acid and bicarbonate containers after the previous patient fully vacates the station |  |  |  |
| Clean areas should be clearly designated for the preparation, handling and storage of medications and unused supplies and equipment  |  |  |  |
| Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled |  |  |  |
| Proper disposal of bio-hazard waste |  |  |  |
| **Isolation** |
| Ensure dedicated machines, equipment, instruments, supplies, and medications that will not be used to care for non-isolation patients |  |  |  |
| Did staff implement appropriate hand hygiene, cleaning/disinfection and isolation considerations (See Condition 42 CFR 494.30 and Tags V110-V148) |  |  |  |