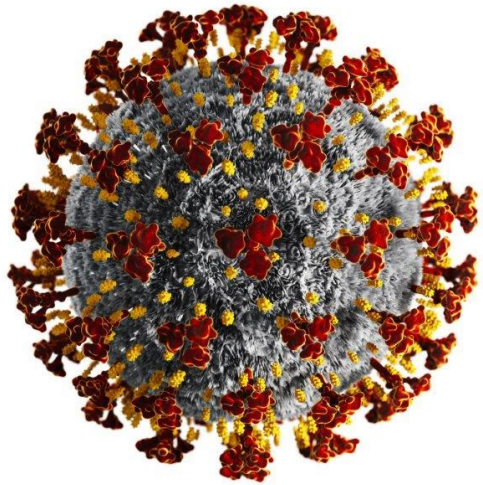
HQI's ICAR Training: ICAR Tool Review

December 11, 2020

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



HEALTH QUALITY INNOVATORS

Disclaimer

The information presented here follows federal and state COVID-19 guidelines and are subject to frequent updates. Check your local COVID-19 guidelines as they may also be updated regularly and differ from federal and state recommendations.

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Core Principles of COVID-19 Infection Control

1. Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
2. Hand hygiene
3. Face covering or mask (covering mouth and nose)
4. Social distancing at least six feet between persons
5. Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
6. Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
7. Appropriate staff use of Personal Protective Equipment (PPE)
8. Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)
9. Resident and staff testing conducted as required

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COVID-19 ICAR Domains

3 different components, divided into sections

1. Facility Demographics and Critical Infrastructure
2. Personal Protective Equipment
3. Hand Hygiene
4. Environmental Services
5. General Infection Prevention and Control Policies
6. Resident-related Infection Prevention and Control Policies
7. SARS-CoV-2 Testing
8. Screening Stations
9. Hand Hygiene
10. PPE Use
11. Frontline HCP Interview
12. Environmental Services (i.e., housekeeping)
13. Social Distancing/Breakrooms
14. Designated COVID-19 Care Area

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Use of the COVID-19 ICAR

2 Versions: Facilitator Guide and Non-Facilitator Guide

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

In areas with moderate to substantial community transmission, HCP should preferably wear a facemask for source control at all time and eye protection when caring for residents not under Transmission-Based Precautions. *Additional PPE may be needed if Transmission-Based Precautions are being used for other circumstances or organisms (e.g., residents with suspected or confirmed SARS-CoV-2 infections, residents quarantined for an unknown SARS-CoV-2 status at admission or following a known SARS-CoV-2 exposure, residents colonized or infected with other pathogens such as Clostridioides difficile).*

"HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic residents with SARS-CoV-2 infection…; They should:

Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions **during resident care encounters."**

"HCP should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses."

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

Questions are formatted to include:

- Scenarios as to what type of PPE would be used in certain situations
- Closed-ended questions (yes/no)
- Open-ended questions

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Section 1: Facility Demographics

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COVID-19 ICAR

Facility Demographics

1. Facility Name
2. Facility County
3. Type of Care Provided: Skilled Nursing, Subacute Rehab, Long-term Care, Ventilator Care, Tracheostomy Care, Dementia/Memory Care, Psychiatric Care, In-facility Dialysis, Other
4. Total # licensed beds
5. Total # current residents
6. Total # units
7. Total # each room type: Singles/Privates, Doubles/Semi-Privates, Triples, Quads, Other
8. Current # HCP: Total, Nurses, Nursing Aides, EVS staff

COVID-19 ICAR: Demographics

9. In the past 6 months, has your facility had any infection prevention and control assistance from groups outside the facility?
    a. If Yes, from which: Public Health, Survey agency, Corporate entity, Other
    b. Summarize any changes to infection control policies or practices as a result

10. Which of the following describes the current transmission of SARS-CoV-2 in the community surrounding your facility :
    a. No to minimal transmission (isolated cases)
    b. 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)
    c. Substantial transmission (large scale community transmission including outbreaks in communal settings such as long-term care facilities)
    d. Unknown

11. Which of the following describes your facility's COVID-19 county-level positivity rate:
    <5%, 5-10%, >10%, unknown

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COVID-19 ICAR: Demographics

12. Has your facility ever had any residents with SARS-CoV-2 infection?
    a. If yes: Total # with positive test, Total # nursing home-onset, Date of first positive test, Date of most recent positive test, Total # currently in facility who have not met criteria for discontinuation of precautions

13. Has your facility ever had any HCP with SARS-CoV-2 infection?
    a. If yes: Total # with positive test, Date of first positive test, Date of most recent positive test, Total # who have not met criteria to return to work

COVID-19 ICAR: Demographics

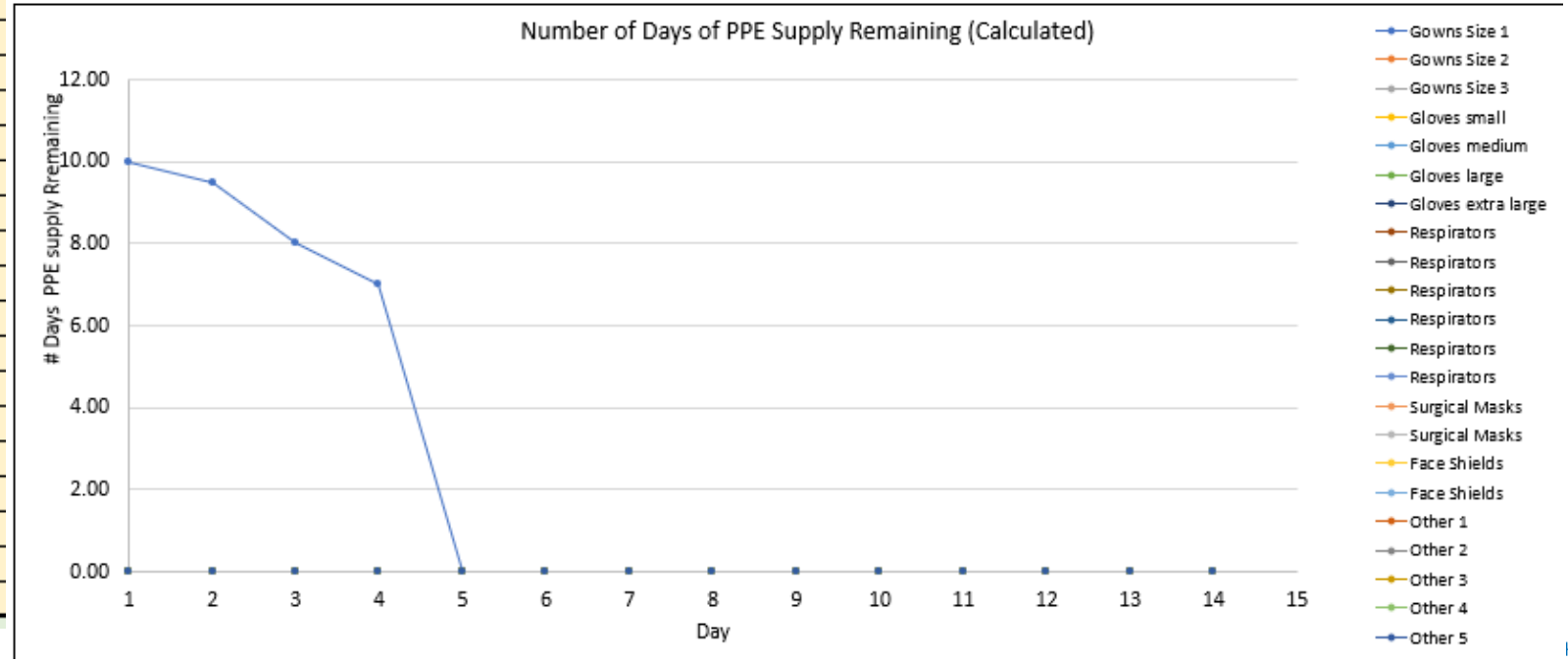
14. If PPE supply and demand remain in current state, how long will each of the following supplies last? (<1 week, 1-2 weeks, 3-4 weeks, >4 weeks, unknown)
    a. Eye protection (face shields or goggles)
    b. Facemasks
    c. Disposable, single-use respirators (list types)
    d. Elastomeric respirators
    e. Powered air purifying respirators (PAPR)
    f. Gowns
    g. Gloves

15. List the cleaning products used in the facility:
    a. For high touch surfaces in resident rooms
    b. For high touch surfaces in common areas
    c. For shared non-disposable resident equipment

PPE Burn Rate Calculator

Calculator | Graphs | Instructions

Box A		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day
		XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/XX/2020	XX/X
		How Many COVID-19 Patients are Being Treated at Start of the Day? Enter Below.								
Number of Suspected and Confirmed COVID-19 Patients		20	20	28	26	35	36	40	40	
Type of PPE	Size/Brand	How Many Full Boxes Are Remaining at Start of the Day? Enter Below.								
Gowns	Size 1	500	475	400	350					
	Size 2									
	Size 3									
Gloves	small									
	medium									
	large									
	extra large									
Respirators										
Surgical Masks										
Face Shields										
Other	1									
Other	2									
Other	3									
Other	4									
Other	5									



https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html

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MD PPE Supply Requirements

Per Amended MDH Order and Directive Regarding Nursing Home Matters, No. MDH 2020-10-27-01

- Nursing homes can request PPE from the State
- Nursing home staff are required to implement CDC's Strategies to Optimize Supply of PPE and Equipment
- All nursing homes shall stock and maintain a 30-day private stockpile by 11/30/2020
- All nursing homes shall stock and maintain a 60-day private stockpile by 1/31/2021
- All nursing homes shall report to MDH each week the number of days their stockpile can supply

https://phpa.health.maryland.gov/Documents/2020.10.27.01_MDH%20Order_Amended%20Nursing_Home_Matters_Order.pdf

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COVID-19 ICAR: Introduction

To set the collaborative stage…

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

Section 2: Personal Protective Equipment (PPE)

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PPE Recommendations During COVID-19

- Minimal to No Community Transmission:
  - Universal source control (facemasks)
  - Standard and Transmission-Based Precautions
- Moderate to Substantial Community Transmission:
  - Facemask + Eye Protection
  - N95 for higher risk / aerosol-generating procedures
- Suspected or Positive
  - N95 respirator of Facemask (if N95 unavailable)
  - Eye Protection
  - Gloves
  - Gowns

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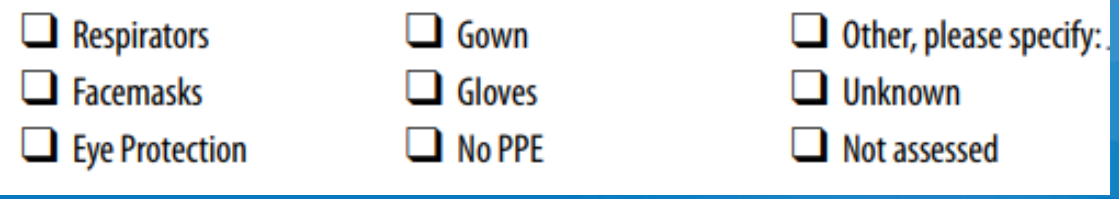

COVID-19 ICAR: PPE

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

a. If there is no to minimal SARS-CoV-2 transmission in the surrounding community
b. If there is moderate to substantial SARS-CoV-2 transmission in the surrounding community
c. For the care of residents with confirmed SARS-CoV-2 infection
d. For the care of residents with suspected SARS-CoV-2 infection
e. For the care of residents if there are one or more residents or HCP on that unit with new or recent SARS-CoV-2 infection
f. For the care of residents 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
g. 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
h. For screening individuals entering the building for signs and symptoms of COVID-19
i. For SARS-CoV-2 laboratory specimen collection
j. For the care of residents who are under Transmission-Based Precautions for SARS-CoV-2 during potentially aerosol generating procedures
k. 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
l. 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

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COVID-19 ICAR: PPE

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

- Is this a written policy?
- How was it communicated to staff?
- Are you monitoring compliance?
  - Are there issues with compliance?

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COVID-19 ICAR: PPE

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 an unlocked storage room *on* each care unit
- ❑ From a locked storage room *on* each care unit
- ❑ From an unlocked storage room *not on* the care units
- ❑ From a locked storage room *not on* the care units
- ❑ Other, please specify: _____
- ❑ Unknown
- ❑ Not assessed

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

- ❑ Regular trash
- ❑ Biohazard bags
- ❑ Unknown
- ❑ Not assessed

- Visually confirm during walk-thru
  - Is PPE easy to find?
  - Where are the trash cans?
- Who is responsible for monitoring supplies?
- Is there someone monitoring PPE use?

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COVID-19 ICAR: PPE

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
- ❑ On tables used for eating and drinking
- ❑ They are wearing the PPE while on breaks
- ❑ HCP discard of PPE before eating and drinking
- ❑ Other, please specify: _____
- ❑ Unknown
- ❑ Not assessed

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

❑ Yes ❑ No ❑ Not assessed

23. Can the facility describe what reusing disposable PPE means?

❑ Yes ❑ No ❑ Not assessed

- Has the IP confirmed staff are following policy?
- Is the facility implementing any of these PPE optimization strategies?

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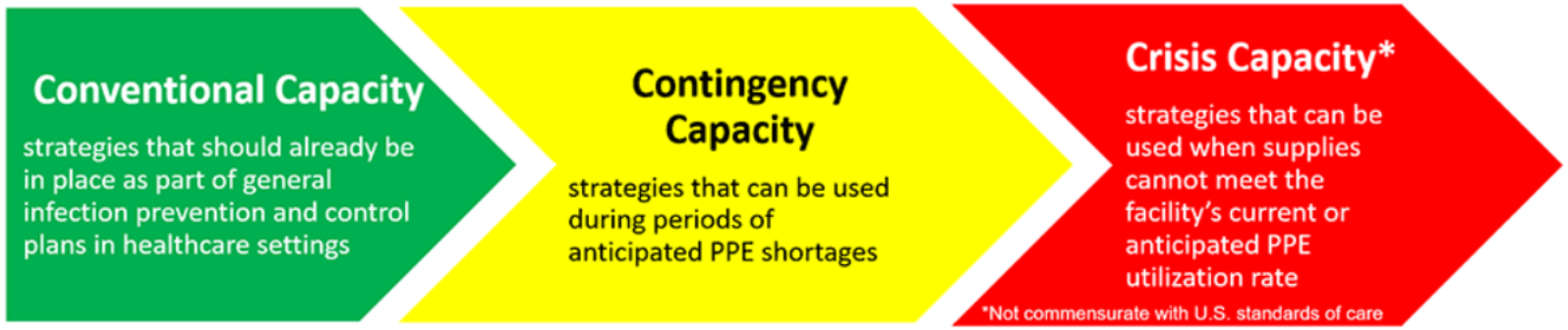
PPE Supply Optimization



PPE Type	Conventional	Contingency	Crisis
All PPE 	• Use physical barriers and other engineering controls • Limit number of patients going to hospital or outpatient settings • Use telemedicine whenever possible • Exclude all HCP not directly involved in patient care • Limit face-to-face HCP encounters with patients • Exclude visitors to patients with known or suspected COVID-19 • Cohort patients and/or HCP	• Selectively cancel elective and non-urgent procedures and appointments for which PPE is typically used by HCP • Decrease length of hospital stay for medically stable patients with COVID-19	• Cancel all elective and non-urgent procedures and appointments for which PPE is typically used by HCP

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html

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Respirators

24. Are all HCP currently fit tested for the type of respirator they are using?
    a. Are HCP medically cleared prior to fit-testing?
    b. Are HCP trained on the use of their respirators?

- If the facility does not have access to respirators, document what efforts have been made to obtain them, and skip to Q29.

COVID-19 ICAR: Respirators

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
❑ Placed in a plastic bag
❑ Other, please specify: _____
❑ Unknown
❑ Not assessed

26c. Where in the facility do HCP store reused disposable respirators (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

- *Extended use is a contingency capacity strategy
- How long are staff wearing respirators?
  - Max extended period is 8-12 hours
- *Reuse is a crisis capacity strategy
- Do they have a written policy/procedure?
- Did they train staff?

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COVID-19 ICAR: Respirators

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

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

Respirators should be discarded:

- After use during an aerosol-generating procedure
- If contaminated with blood, respiratory or nasal secretions, or other bodily fluids from residents
- Following close contact with, or exit from, the care area of any resident co-infected with an infectious disease requiring contact precautions
- If obviously damaged, or hard to breathe through
- After touching the inside of the respirator (for reuse)

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COVID-19 ICAR: Respirators

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?

_____

_____

- Where did they get the procedure?

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COVID-19 ICAR: PPE

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
❑ Placed in a plastic bag
❑ Other, please specify: _____
❑ Unknown
❑ Not assessed

30b. Where in the facility do HCP store reused disposable facemasks (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

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

Facemasks

- Do they have a written policy?
- How long have they been implementing these practices?
- Did the facility provide training?

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Facemask Considerations

- General Facemask use
  - Facemask should be discarded whenever the facemask is removed, and always at the end of each workday
  - Facemask should be removed and discarded if soiled, damaged, or hard to breathe through
  - HCP should not touch outer surfaces of the mask during resident care
  - HCP should leave the patient care area if they need to remove the facemask
- Facemask Reuse
  - **Maximum number of reuses is not known**
  - Not all facemasks can be reused
  - Store facemasks in breathable container in designated storage area
  - Prioritize facemask use for certain activities (e.g., PPE use)
    - HCP may use cloth masks as source control

COVID-19 ICAR: PPE

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 ❑ No ❑ Disposable face shields not used in facility ❑ Unknown ❑ Not assessed

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

Eye Protection

- Do they have a written policy?
- How long have they been implementing these practices?
- Did they provide training?

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Eye Protection Considerations

Considerations

- Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through
- Eye protection should be discarded if damaged
- HCP should take care not to touch their eye protection
- HCP should leave patient care area if they need to remove their eye protection
- Clean eye protection should be stored in designated clean area

COVID-19 ICAR: PPE

Gowns

- Have they tested their gowns for fluid resistance?
- Do they have a written policy/procedure?
- Have they trained staff?
- Do they have different sizes stocked?

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

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COVID-19 ICAR: Gowns

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 ❑ No ❑ Facility is not experiencing gown shortages ❑ Unknown ❑ Not assessed

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: _____

High-contact resident activities for gown prioritization:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs
- Assisting with toileting
- Device care or use
- Wound care

COVID-19 ICAR: Gowns

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

❑ Yes ❑ No ❑ Facility is not experiencing gown shortages ❑ Unknown ❑ Not assessed

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

❑ Units for the care of new or readmissions without known SARS-CoV-2 infections

❑ Units for care of residents without known or suspected SARS-CoV-2 infections

❑ Other, please specify: _____

❑ Unknown

❑ 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

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COVID-19 ICAR: Gowns

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

❑ Yes ❑ No ❑ Facility is not experiencing gown shortages ❑ Unknown ❑ Not assessed

If YES:

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

❑ Launderable ❑ Disposable ❑ Other, please specify: _____

❑ Unknown ❑ 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 ❑ Other, please specify: _____

❑ In bags without other PPE ❑ Unknown

❑ In bags with other PPE ❑ 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

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COVID-19 ICAR: PPE

Gloves

- Hand Hygiene before and after use
- Change gloves:
  - Gloves become damaged
  - Gloves become visibly soiled
  - Moving from dirty to clean body site
- 1 Pair of gloves per resident

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?

_____

_____

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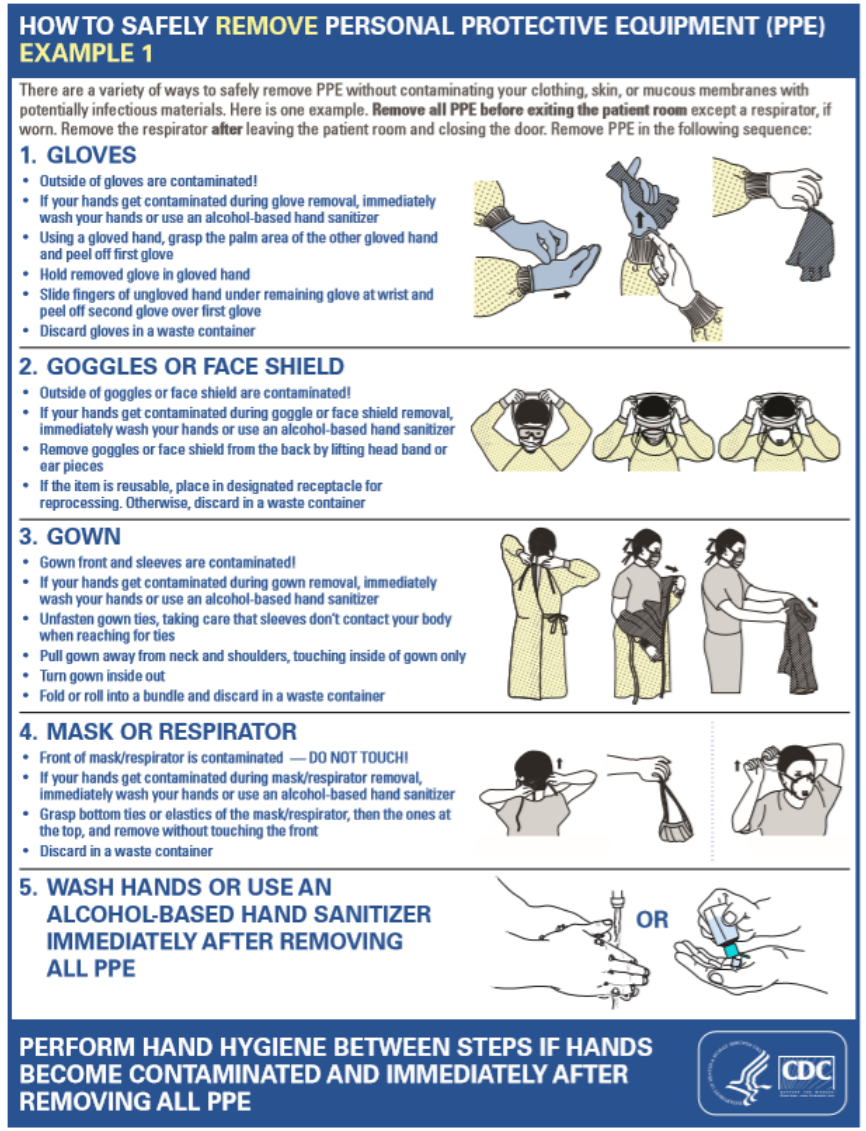
PPE Donning

Putting On PPE

1. Gown
2. Mask/respirator
3. Goggles/face shield
3. Gloves

https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf

PPE Doffing



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)
EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES
- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container

2. GOGGLES OR FACE SHIELD
- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. GOWN
- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

4. MASK OR RESPIRATOR
- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

OR

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CDC

Removing PPE Option 1

1. Gloves
2. Goggles/face shield
3. Gown
4. Mask/respirator

The outside front and sleeves of the gown, outside front of goggles, masks, face shield, and the outside of the gloves are considered "**contaminated**"

The **"clean"** areas are inside of gloves, back of gown, gown ties, straps of mask,
Googles and face mask

https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf

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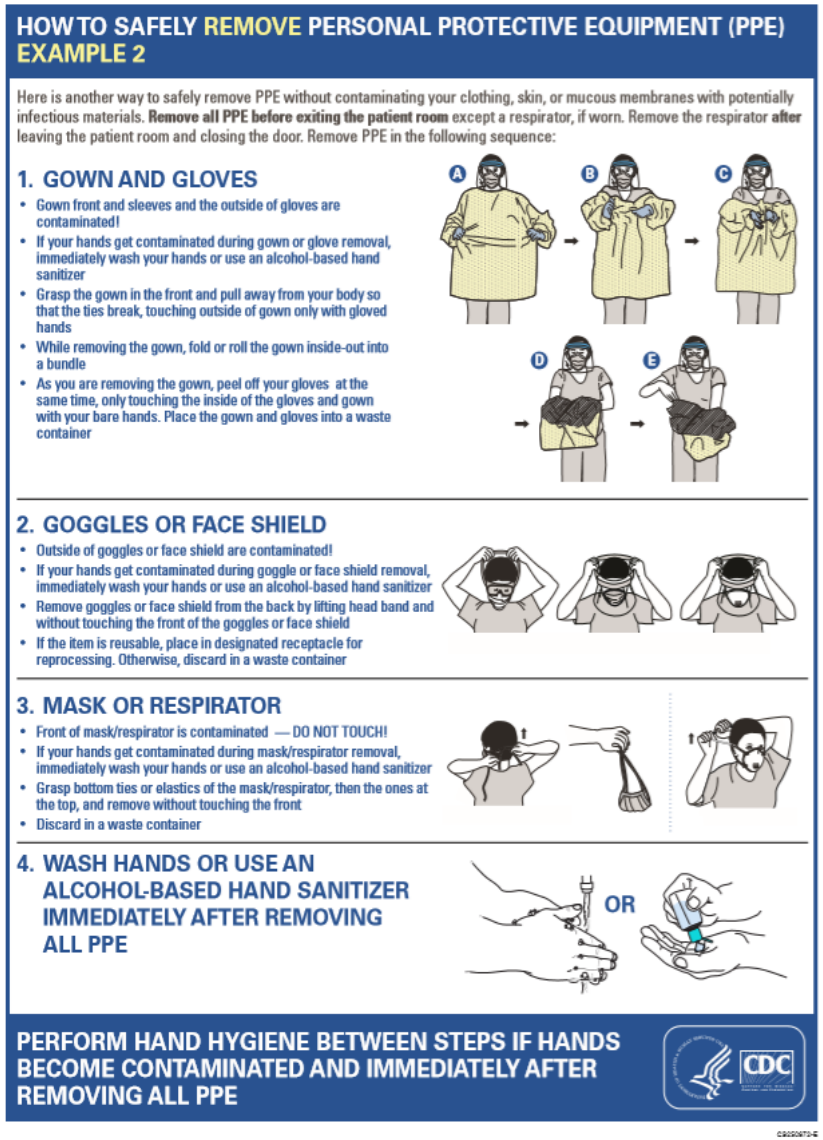
PPE Doffing



Removing PPE Option 2

1. Gloves and Gown
   a. Gloves are rolled into gown
2. Goggles/face shield
3. Mask/respirator

https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf

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Section 3: Hand Hygiene

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WHO 5 Moments

https://www.who.int/gpsc/tools/5momentsHandHygiene_A3.pdf?ua=1

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COVID-19 ICAR: 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
❑ At the head of each bed
❑ In the bathroom
❑ Other, please specify: _____
❑ Unknown
❑ 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.
❑ They didn't know they should put it in resident rooms.
❑ They can't afford it.
❑ They can't acquire it due to current shortage.
❑ Other, please specify: _____
❑ Unknown
❑ Not assessed

COVID-19 ICAR: Hand Hygiene

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

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

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

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

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

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

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

COVID-19 ICAR: Environmental Cleaning

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

- These questions are for the EVS manager/representative
- Are contact times included in facility cleaning SOP?

COVID-19 ICAR: Environmental Cleaning

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

Making Bleach in Health Care Settings

1. Put on PPE
2. Proceed with one of the following
    a. Pour 400mL liquid bleach into a 20L bucket, then fill bucket to 20L mark (1 part bleach, 49 parts water)
    b. Add 2 tbsp (30g) of high-test hypochlorite (HTH) (70%) to 20L water in a bucket
    c. Add 4 tbsp (60g) of chlorine powder (35%) to 20L water in a bucket
3. Stir well for 10 seconds, or until chlorine powder/granules have dissolved
4. Wait 30 minutes before use
5. Label bucket – "0.1% Chlorine solution – Disinfecting"
6. Cover bucket with lid, do not store in direct sunlight
7. **Discard at end of the day**

https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/make-chlorine-solution.html

COVID-19 ICAR: Environmental Cleaning

- Who's responsible?
- How do they track that it's getting done?
- What changes have they made since COVID-19?

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

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Cleaning Frequency

Appendix B2 Table 12. Cleaning Procedure Summaries for Transmission-Based Precaution / Isolation Wards

Area Description	Frequency	Person / Staff Responsible	Products/Technique	Additional Guidance / Description of Cleaning
Airborne precautions	Daily and as needed	Cleaning staff	**Clean** (neutral detergent and water): • high-touch surfaces • floors	Primary focus is adherence to required PPE and additional entry/ exit procedures; see Table 5 (page 36) In addition, **clean** low-touch surfaces on a scheduled basis (e.g., weekly)
Droplet and/ or contact precautions	Twice daily and as needed	Cleaning staff	**Clean and disinfect:** • any surface visibly soiled with blood or body fluids • high-touch surfaces • floors	Cleaning staff must wear required PPE Table 5 (page 36) **Dispose of or reprocess cleaning supplies and equipment immediately** after cleaning Last clean of the day: clean and disinfect the entire floor and low-touch surfaces

https://www.cdc.gov/hai/pdfs/resource-limited/environmental-cleaning-RLS-H.pdf

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Section 5: General Infection Prevention and Control Policies

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COVID-19 ICAR: IP

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
- ❑ Corporate training program
- ❑ State or local health department led trainings
- ❑ Certification in Infection Control (CIC)
- ❑ Other, please specify: _____
- ❑ Unknown
- ❑ Not assessed

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

- ❑ Director of nursing
- ❑ Assistant director of nursing
- ❑ Direct resident care
- ❑ Wound care
- ❑ Other, please specify: _____
- ❑ No additional duties
- ❑ Unknown
- ❑ Not assessed

- Is this the person that you are currently talking to?
  - If not, why not???
- How long ago did they receive training?

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COVID-19 ICAR: Flu Vaccination

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

- What percentage of staff/residents received the flu vaccine **this year**?
- Have they noted any issues with refusals?

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

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

COVID-19 ICAR: HCP Return to Work

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

Return to Work Recommendations

Symptom-Based Strategy

Symptomatic HCP during work or worked within 48 hours of symptom onset

- Prioritize testing
- Quarantine residents cared for by the HCP until test result available
- If negative, and clinician determines COVID-19 is not suspected, may return to work
- If positive, but asymptomatic, may return to work 10 days after first positive test
- If positive, with mild to moderate symptoms, may return to work:
  - At least 10 days since first symptoms appeared, AND
  - At least 24 hours since last fever without using fever-reducing meds, AND
  - Symptoms (cough, SOB) have improved
- If positive, with severe to critical illness OR severely immunocompromised, may return:
  - 10-20 days since first symptoms appeared, AND
  - At least 24 hours since last fever without using fever-reducing meds, AND
  - Symptoms (cough, SOB) have improved

Return to Work Recommendations

Test-Based Strategy

- Symptomatic HCP may return to work if:
  - Resolution of fever without fever-reducing medication, AND
  - Improvement in symptoms (cough, SOB), AND
  - Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)

- Asymptomatic HCP may return to work if:
  - Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)

COVID-19 ICAR: HCP Competency

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

COVID-19 ICAR: Compliance Auditing

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

COVID-19 ICAR: HCP Social Distancing

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

- ❑ Breaks are scheduled
- ❑ Seating in breakrooms or meeting rooms is limited to allow for social distancing
- ❑ Audits of breakrooms to ensure compliance
- ❑ Other, please specify: _____
- ❑ Unknown
- ❑ Not assessed

"Remind HCP to practice social distancing and wear a facemask (for source control) when in break rooms or common areas."

"Maintain physical distance as much as possible:

- Use video conferencing and increase workstation spacing.
- Reduce the number of individuals allowed in common areas such as breakrooms and on elevators."

Routine auditing of social distancing practices in breakrooms, nursing stations, smoking areas can help ensure HCP are adhering to facility policies.

Staffing Considerations

What is your current staffing capacity?

Facility is aware of staffing needs and has a plan in the event of staffing shortages.

Contingency Strategies

- Adjusted staffing schedules
- Attempt to address social factors preventing HCP from reporting to work
- Identify additional HCP to work in the facility
- Request postponing elective time off
- Modify return to work criteria
  - Allow asymptomatic HCP exposed to COVID-19 to continue to work
  - Allow positive HCP to perform job duties not interacting with others (telemedicine)
  - Allow positive HCP to provide care only for residents with confirmed COVID-19

Other Staffing Considerations

- Dedicate staff to a single unit as much as possible; avoid floating of staff between units (even non-infected units).

- Cohort staff who care for COVID-positive residents; they should not also provide care to other residents in the facility, and they should avoid breakroom interactions with staff providing care to non-infected residents.
  - Required by MD

- Employ strategies to limit traffic between units. For example, have dietary staff deliver food to the entrance of the unit and have unit staff deliver trays.

COVID-19 ICAR: Visitation

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

CMS Nursing Home Visitation Guidance

September 17, 2020

- Outdoor visitation is preferred
  - Limit number and size of visits to support social distancing
- Indoor visitation allowed IF no new onset of COVID in previous 14 days AND facility is not currently conducting outbreak testing
  - Visitors need to be able to adhere to infection control practices (masks, handwashing, etc.)
  - Limit to one visitor at a time per resident
  - Limit total number of visitors in the facility, based on facility size
  - Limit movement of visitors
  - Residents in shared rooms should host visitors in alternate location

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

CMS Nursing Home Visitation Guidance

Using COVID-19 County Positivity Rates for INDOOR Visitation

- Low to Medium (<5% - 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies
- High (>10%) = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies
- *Does not apply to outdoor visitation

Compassionate Care Situations

- End of life visits
- Recently admitted resident struggling with change of environment
- Resident needing encouragement for eating/drinking, is experiencing weight loss or dehydration
- Resident who is grieving after a friend or family member recently passed away
- Resident experiencing emotional distress

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CMS Nursing Home Visitation Guidance

- Facilities may NOT restrict visitation without a reasonable clinical or safety cause, consistent with §483.10(f)(4)(v).
- Situations to restrict visitation:
  - County positivity rate
  - Facility COVID-19 status
  - Resident's COVID-19 status
  - Visitor symptoms
  - Lack of adherence to proper infection control practices
  - Other relevant factors to COVID-19
- Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions.

MD Nursing Home Visitation Guidance

Per Amended MDH Order and Directive Regarding Nursing Home Matters, No. MDH 2020-11-17-02

For INDOOR Visitation…

- ALL visitors must have proof of negative COVID-19 test within 72 hours prior to visit
- If facility is currently in outbreak status, visitation is suspended except for compassionate care visitation
- If local jurisdiction positivity rate is <5%: follow CMS guidelines
- If local positivity rate is 5-10%: visitors restricted to no more than 5% of total residents at any one time
- If local positivity rate is >10%: visitation is prohibited except for compassionate care situations

OUTDOOR visitation: follow CMS guidelines

https://phpa.health.maryland.gov/Documents/MDH%20Order%20-%20Amended%20Nursing%20Home%20Matters%20Order.pdf

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COVID-19 ICAR: Communal Dining

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

- CDC guidelines state communal activities and dining are permitted, so long as residents can follow social distancing, mask, and hand hygiene requirements, and are not under observation for COVID-19 (confirmed or unconfirmed)
  - Adopted into revised CMS COVID-19 survey for NH
  - *Assumes relaxed restrictions

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COVID-19 ICAR: Non-Essential Personnel

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

❑ No ❑ Not assessed

- Have they assessed competency since the start of COVID-19?
- Are they permitted to interact with residents with suspected or confirmed COVID-19?
- Do they receive the same training as other HCP?

ICAR for COVID-19: Staff Education

- Has the facility provided additional training to staff on COVID-19?
- How often are they communicating with staff?
  - Do they have regular huddles?
- How are they providing information to staff?
  - Huddles, bulletin board, email
- What is their sick leave and work exclusion policy?
- Do staff know who to contact if sick?

Communication

- How do you contact your health dept?
  - Phone, fax, email
- Do you have a process for notifying residents, family, and staff about COVID-19 cases in the facility?
  - How do you provide information?
  - When do you provide information?
- How do you provide information about known or suspected cases to a receiving facility? How do you make sure they received the information?
  - Transfer form, Phone call, EHR
  - Is transport notified too?

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CMS Public Health Reporting Requirements

CMS Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes

Facilities shall report the following information to NHSN:

- Suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19
- Total deaths and COVID-19 deaths among residents and staff
- PPE and hand hygiene supplies in the facility
- Ventilator capacity and supplies in the facility
- Resident beds and census
- Access to COVID-19 testing while the resident is in the facility
- Staffing shortages

https://www.cms.gov/files/document/qso-20-29-nh.pdf

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MD Public Health Reporting Requirements

Per Amended MDH Order and Directive Regarding Nursing Home Matters, No. MDH 2020-10-27-01

Facilities shall report the following information to CRISP:

- Census of occupied beds
- # residents/staff with positive COVID-19 results
- # residents with suspected COVID-19
- # residents with negative COVID-19
- # deaths, by COVID-19 status
- # residents/staff with severe respiratory infection or COVID-19 requiring hospitalization
- # residents/staff with new-onset respiratory symptoms within 72 hours of another resident or staff developing respiratory symptoms
- # days of PPE supply

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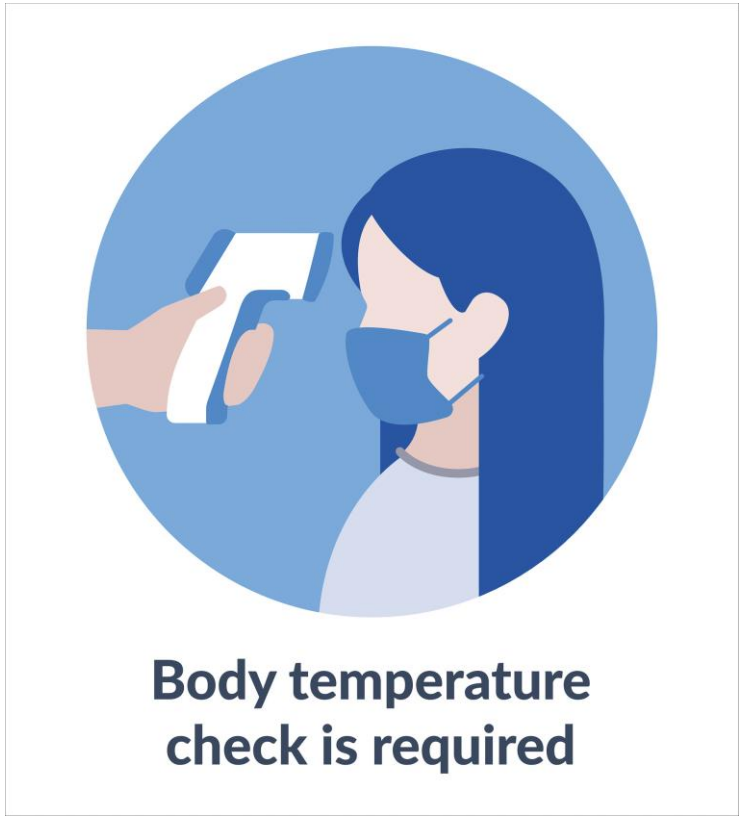
Resident/Family Reporting Requirements

Per CMS and MDH Order:

- Facilities must provide information to residents/representatives and staff by 5 p.m. the next calendar day following a single confirmed infection of COVID-19
- Facilities must provide information to residents/representatives and staff by 5 p.m. the next calendar day following 3+ residents or staff with new-onset respiratory symptoms occurring within 72 hours
- Updates must be provided weekly, or each subsequent time one of the above occurs
- Facilities shall include information on mitigating actions implemented to prevent or reduce risk of transmission

Section 6: Resident-Related Infection Prevention and Control Policies



Resident Education

- Is the facility providing education to residents about:
  - COVID-19 (symptoms, how it is transmitted), Importance of immediately informing HCP if they feel feverish or ill
  - Actions the can take to protect themselves (hand hygiene, masks, social distancing)
  - Actions the facility is taking to keep them safe (visitor restrictions, PPE, cancelling group activities)
- How often are they communicating with residents?
- How are they providing information to residents?
  - Pamphlets, bulletin board, email, during care
- Are they making sure residents know where to find ABHR? Masks?

COVID-19 ICAR: Resident IPC 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

- Does the facility provide masks to residents?
- What is staff protocol when seeing a resident out of room without a mask on?

COVID-19 ICAR: Resident Monitoring

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
❑ Repeated oral temperature of greater than 99.0 degrees F
❑ Single temperature greater than 2 degrees F over baseline from any site
❑ Other, please specify: _____
❑ Unknown
❑ Not assessed

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

❑ Chills
❑ New or worsening shortness of breath
❑ New or worsening cough
❑ Muscle aches
❑ New onset loss of taste or smell
❑ New or worsening malaise
❑ New or worsening dizziness
❑ Fatigue
❑ Runny nose
❑ Sore throat
❑ Headache
❑ GI symptoms such as nausea, vomiting, diarrhea
❑ Oxygen saturation measured via pulse oximetry
❑ Other, please specify: _____
❑ Unknown
❑ Not assessed

COVID-19 ICAR: Resident Screening

- Where are these symptoms documented? (line list, medical record)
- Do residents know what to do if they are feeling symptomatic?
- Are you reporting symptomatic or positive residents to the health department?

- Transmission-Based Precautions for COVID-19:
  - ✓ N95
    - ✓ Facemask is acceptable alternative if N95 not available
  - ✓ Eye protection
  - ✓ Gloves
  - ✓ Gown

COVID-19 ICAR: Resident Monitoring

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
- ❑ Three times a day
- ❑ More than three times a day
- ❑ Unknown
- ❑ Not assessed

"Increase monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to **at least 3 times daily** to identify and quickly manage serious infections."

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

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Resident Cohorting

- If COVID-19 is confirmed, resident should be transferred to COVID-19 unit
  - Roommates of these residents should not share rooms with other residents unless they remain asymptomatic and/or have tested negative
  - Exposed residents may be permitted to share rooms with other exposed residents if space is tight
- If COVID-19 is suspected but not confirmed, place in single room, if possible
  - Sending all symptomatic residents to COVID-19 unit might result in mixing of infected and non-infected residents
- Nursing homes must have a designated COVID-19 “unit” in MD

Resident Cohorting

Additional Considerations

- If positive, and not cleared, send to COVID-19 unit
- If positive, and cleared within the past 90 days, send to regular unit
- Options for new admits with unknown status include placing resident in a single room or separate observation area for monitoring
  - All recommended COVID-19 PPE should be used
  - Testing @ admission will help identify asymptomatic residents
  - Residents can be transferred to regular room if afebrile and asymptomatic for 14 days after admit

NEW: MD Nursing homes MUST designate an observation area!

COVID-19 ICAR: Resident Placement

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 roommate(s)
- ❑ With roommate(s) with confirmed SARS-CoV-2 infection
- ❑ With roommates without confirmed SARS-CoV-2 infection
- ❑ Other, please specify: _____
- ❑ Unknown
- ❑ Not assessed

- Have you already created this dedicated space?
- How is it physically separated?
- How is it designated (signs, barriers, etc.)?

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COVID-19 ICAR: Resident Placement

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
- ❑ No **(If no, please skip to 77)**
- ❑ Unknown
- ❑ 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

COVID-19 ICAR: Resident Placement

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 current roommate(s)
- ❑ With new, also symptomatic roommate(s)
- ❑ With new, asymptomatic roommate(s)
- ❑ Other, please specify: _____
- ❑ Unknown
- ❑ Not assessed

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 their infected roommate(s)
- ❑ With current roommate(s) who are also exposed
- ❑ With new roommate(s) exposed to SARS-CoV-2 virus elsewhere
- ❑ With new, unexposed roommate(s)
- ❑ Other, please specify: _____
- ❑ Unknown
- ❑ Not assessed

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COVID-19 ICAR: Resident Placement

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
- ❑ Not in a designated area, please specify where: _____
- ❑ Other, please specify: _____
- ❑ Unknown
- ❑ Not assessed

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
- ❑ With other new or readmitted residents
- ❑ Other, please specify: _____
- ❑ Unknown
- ❑ Not assessed

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

COVID-19 ICAR: Discontinuing Precautions

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

COVID-19 ICAR: Discontinuing Precautions

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

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Discontinuing Precautions

Test-Based Strategy

- Resident may end isolation if:
  - Resolution of fever without fever-reducing medication, AND
  - Improvement in symptoms (cough, SOB), AND
  - Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)

- Asymptomatic resident may end isolation if:
  - Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)

Section 7: SARS-CoV-2 Testing

Different Types of Coronavirus Tests

	Molecular Test	Antigen Test	Antibody Test
Also known as…	Diagnostic test, viral test, molecular test, nucleic acid amplification test (NAAT), RT-PCR test, LAMP test	Diagnostic test, Rapid antigen, Point of care antigen test	Serological test, serology, blood test, serology test
How the sample is taken	Nasopharyngeal (the part of the throat behind the nose), nasal or throat swab (most tests) Saliva (a few tests)	Nasal or nasalpharyngeal swab (most tests)	Finger stick or blood draw
How long it takes to get results	Same day (some locations) or up to a week (longer in some locations with many tests)	Some may be very fast (15 - 30 minutes), depending on the test	Same day (many locations) or 1-3 days
Is another test needed	This test is typically highly accurate and usually does not need to be repeated.	Positive results are usually highly accurate, but false positives can happen, especially in areas where very few people have the virus. Negative results may need to be confirmed with a molecular test.	Sometimes a second antibody test is needed for accurate results.
What it shows	Diagnoses active coronavirus infection	Diagnoses active coronavirus infection	Shows if you've been infected by coronavirus in the past
What it can't do	Show if you ever had COVID-19 or were infected with the virus that causes COVID-19 in the past	Antigen tests are more likely to miss an active COVID-19 infection compared to molecular tests. Your health care provider may order a molecular test if your antigen test shows a negative result but you have symptoms of COVID-19.	Diagnose COVID-19 at the time of the test or show that you do not have COVID-19

https://www.fda.gov/consumers/consumer-updates/coronavirus-disease-2019-testing-basics

COVID-19 ICAR: Testing

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

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

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

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

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

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

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
- ❑ No
- ❑ Unknown
- ❑ Facility not using rapid antigen testing
- ❑ Not assessed

- How are test results provided (email, fax, EHR)?
- Who receives test results?

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CMS COVID-19 Testing Guidance

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff with signs and symptoms must be tested	Residents with signs and symptoms must be tested
Outbreak (Any new case arises in the facility)	Test all staff that previously tested negative until no new cases are identified*	Test are residents that previously tested negative until no new cases are identified*
Routine testing	According to Table 2	Not recommended, unless the resident leaves the facility

*For outbreak testing, all staff and residents should be tested, and all staff and residents that tested negative should be retested every 3 days to 7 days until testing identifies no new cases of 3 COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.

Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% - 10%	Once a week*
High	>10%	Twice a week*

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

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

MD COVID-19 Testing Guidance

Per Amended MDH Order and Directive Regarding Nursing Home Matters, No. MDH 2020-10-27-01

- All staff, volunteers, and vendors are strongly recommended to be tested weekly, but at a minimum following CMS guidance (previous slide)

- If a staff or resident tests positive, ALL negative residents must be tested
  - Testing shall be repeated weekly until there have been no more positive staff or residents for 14 days

- Test must be using a reverse transcription polymerase chain reaction-type test
  - "PCR" / "RT-PCR"
  - "NAT" / "NAAT" – Nucleic Acid Amplification Test

https://phpa.health.maryland.gov/Documents/2020.10.27.01_MDH%20Order_Amended%20Nursing_Home_Matters_Order.pdf

MD COVID-19 Testing Guidance

Per Amended MDH Order and Directive Regarding Nursing Home Matters, No. MDH ~~2020-10-27-01~~ 2020-11-17-02

- All staff, volunteers, and vendors ~~are strongly recommended to be tested weekly, but at a minimum following CMS guidance (previous slide)~~ shall be tested twice a week, with one PCR test and one rapid POC test on separate days
- ALL negative residents shall be tested once a week using PCR
- Test must be using a reverse transcription polymerase chain reaction-type test
  - "PCR" / "RT-PCR"
  - "NAT" / "NAAT" – Nucleic Acid Amplification Test

https://phpa.health.maryland.gov/Documents/MDH%20Order%20-%20Amended%20Nursing%20Home%20Matters%20Order.pdf

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COVID-19 ICAR: Testing

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
❑ Other, please specify: _____
❑ Unknown
❑ 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
❑ A large room (e.g., gymnasiums) where sufficient space can be maintained between swabbing stations (e.g., greater than 6 feet apart)
❑ An outdoor location
❑ Other, please specify: _____
❑ Unknown
❑ Not assessed

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Testing Considerations

- Ensure all HCP can be tested, not just those on duty at the time of facility-wide testing
- Are facility staff trained in specimen collection, or is additional support needed?
- How is testing tracked? (tests and results)
- The number of people present for specimen collection should be kept to a minimum
- PPE: N95 + eye protection + gown + gloves
  - Gloves must be changed between each person

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-facility-wide-testing.html

COVID-19 ICAR: Testing

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.

COVID-19 ICAR: Testing

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

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COVID-19 ICAR: Testing

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

Outbreak Testing Recommendations

Consolidated onto one slide

During outbreak:

- Perform facility-wide testing of all residents and HCP
  - If limited testing resources, prioritize close contacts (on the same unit, or cared for by infected HCP)
- Continue repeat testing of all previously negative residents and HCP, every 3-7 days, until no new tests for 14 days since most recent positive result
  - If limited testing resources, prioritize residents who leave and return to the facility, or have known exposure to a case

COVID-19 ICAR

“End remote Tele-ICAR assessment if video tour is not planned. Continue to the next sections if video or in-person tour is planned.”

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Facility Tour

Virtual Tour Considerations

- Challenges
  - Limited internet service
  - Technical issues
  - Difficulties visualizing facility
- During scheduling, emphasize desire to conduct video tour of facility
- Video tour could take place on different day
- Average video tour will take 20-30 minutes (at least)

COVID-19 ICAR: Video Tour

Section 8: Screening Stations

Ask to see the screening areas where HCP and visitors are assessed.

101. Who is being screened at this location?

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

103. What PPE is worn by HCP performing the screening?

104. What type of thermometer is being used?

105. Screening questions assess the following [symptoms]:

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

107. What PPE is available at the screening station for distribution to HCP?

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Section 9: Hand Hygiene

Ask to be brought onto a resident floor not currently housing residents with SARS-CoV-2 infections to assess Sections 9-14.

109. All demonstrated dispensers are functional.

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

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

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

Section 10: PPE Use

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

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

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

116. Describe where the facility stores unused/new PPE.

Section 10: PPE Use – 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.

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

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

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

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

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

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 touching a resident
- ❑ Before clean/aseptic procedures
- ❑ After body fluid exposure
- ❑ After touching resident surroundings
- ❑ Other, please specify: _____
- ❑ Not assessed

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

- ❑ 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
- ❑ Before eating and drinking
- ❑ After using the restroom
- ❑ During an outbreak of *Clostridioides difficile* or norovirus
- ❑ If they work in the kitchen
- ❑ Other, please specify: _____
- ❑ Unknown
- ❑ Not assessed

COVID-19 ICAR: Video Tour

Section 11: Frontline HCP Interview, continued

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

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

COVID-19 ICAR: Video Tour

Section 12: Environmental Services (i.e., Housekeeping)

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

128. Interviewed EVS staff member.

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

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

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

COVID-19 ICAR: Video Tour

Section 13: Social Distancing/Breakrooms

Ask the facility to show you a breakroom.

132. Video assessment attempted.

133. HCP are more than 6 feet apart.

134. HCP are wearing facemasks unless eating or drinking.

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COVID-19 ICAR: Video Tour

Section 14: Designated COVID-19 Care Area

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.

135. Video assessment attempted.

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

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

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

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

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

COVID-19 ICAR: Video Tour

Section 14: Designated COVID-19 Care Area, continued

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.

141. Entrance to COVID-19 care area is controlled.
    a. Signage indicating only designated HCP should enter is present.
142. Room doors are kept closed (unless resident safety concerns require opening).
143. PPE is available for donning at entrance to each room for COVID-19 residents.
144. HCP doff gowns and gloves at exit to each room.

Guidance for Relaxation of Restrictions

Not covered in this training, but if there are questions, you can find the requirements here:

https://www.cms.gov/files/document/qso-20-30-nh.pdf

Ref: QSO-20-30-NH
REVISED 09/28/2020

DATE: **May 18, 2020**

TO: State Officials

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Nursing Home Reopening Recommendations for State and Local Officials *(REVISED)*

CMS has updated this memorandum to be consistent with more recently issued memos:
QSO-20-38-NH (Nursing Home Testing)
QSO-20-39-NH (Nursing Home Visitation-COVID-19)

Memorandum Summary

- CMS is committed to taking critical steps to ensure America's nursing homes are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Recommendations for State and Local Officials:** CMS is providing recommendations to help determine the level of mitigation needed to prevent the transmission of COVID-19 in nursing homes. The recommendations cover the following items:
  - **Criteria for relaxing certain restrictions and mitigating the risk of resurgence**: Factors to inform decisions for relaxing nursing home restrictions through a phased approach.
  - **Visitation and Service Considerations:** Considerations allowing visitation and services in each phase.
  - **Restoration of Survey Activities:** Recommendations for restarting certain surveys in each phase.

COVID-19 in Nursing Homes Resources

1. https://phpa.health.maryland.gov/Documents/2020.10.27.01_MDH%20Order_Amended%20Nursing_Home_Matters_Order.pdf
2. https://phpa.health.maryland.gov/Documents/Frequently%20Asked%20Questions%20on%20Managing%20New%20Admissions%20and%20Readmissions.docx.pdf
3. https://phpa.health.maryland.gov/IDEHASharedDocuments/Preparing-for-and-Responding-to-COVID-19-in-LTC_final.pdf
4. https://phpa.health.maryland.gov/Documents/MDH_CongregateHousingGuidance.Final.pdf
5. https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html
6. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
7. https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-facility-wide-testing.html
8. https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html
9. https://www.cdc.gov/hai/pdfs/resource-limited/environmental-cleaning-RLS-H.pdf
10. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
11. https://www.cdc.gov/coronavirus/2019-ncov/lab/point-of-care-testing.html
12. https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf
13. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html
14. https://emergency.cdc.gov/coca/ppt/2020/COCA_Call_Final_06_16_20.pdf
15. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html
16. https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf
17. https://www.cms.gov/files/document/qso-20-39-nh.pdf
18. https://www.cms.gov/files/document/qso-20-38-nh.pdf

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Infection Control Guidelines and Resources

Relevant Agencies / Organizations

- CDC – Centers for Disease Control and Prevention
- CMS – Centers for Medicare & Medicaid Services
- AHRQ – Agency for Healthcare Research and Quality
- APIC – Association for Professionals in Infection Control and Epidemiology
- SHEA – Society for Healthcare Epidemiology of America
- Maryland Department of Health and Mental Hygiene

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