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Infection Control Focused Survey Tool for Nursing Homes

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*This is informational material and does not constitute legal advice regarding any specific situation.



Background

- On Friday, March 13, 2020, the President declared a national emergency, which triggers the Secretary’s ability to authorize waivers or modifications of certain requirements pursuant to section 1135 of the Social Security Act (the Act)
- Under section 1135(b)(5) of the Act, CMS is prioritizing surveys, including infection control surveys for nursing homes

Infection Control Focused Surveys

- CMS and State surveyors will conduct targeted infection control surveys of providers
- CMS and State surveyors will use a streamlined infection control review checklist
- Infection control survey tool is available so facilities can educate themselves on the latest practices and expectations
- Infection control survey tool may be requested by surveyors, if an onsite investigation takes place
- CMS encourages nursing homes to voluntarily share self assessment results with state or local health department HAI program

Closer look at Infection Control Survey Tool

- Infection control survey tool must be used to determine whether the facility is implementing proper infection prevent and control practices
- Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey
- Focused review of critical elements associated with COVID-19 transmission

COVID-19 Focused Survey for Nursing Homes

Infection Control

This survey tool must be used to investigate compliance at F880 and determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.

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

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with the existing guidance in Appendix PP of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For the purpose of this survey tool, “staff” includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility. The Infection Prevention and Control Program (IPCP) must be facility-wide and include all departments and contracted services.

Surveyor(s) reviews for:

- The overall effectiveness of the Infection Prevention and Control Program (IPCP) including IPCP policies and procedures;
- Standard and Transmission-Based Precautions;
- Quality of resident care practices, including those with COVID-19 (laboratory-positive case), if applicable;
- The surveillance plan;
- Visitor entry and facility screening practices;
- Education, monitoring, and screening practices of staff; and
- Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19

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- Quality of resident care practices, including those with COVID-19 (laboratory-positive case), if applicable;
- Surveillance plan;
- Visitor and facility screening practices;
- Education, monitoring, and screening practices of staff; and
- Facility policies and procedures to address staffing issues during emergencies

1. Standard and Transmission-Based Precautions (TBPs)

General Standard Precautions

Are staff performing the following appropriately?

- Respiratory hygiene/cough etiquette,
- Environmental cleaning and disinfection, and
- Reprocessing of reusable resident medical equipment?

1. Standard and Transmission-Based Precautions (TBPs)

Hand Hygiene

Are staff performing hand hygiene when indicated?

- If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used?
- If there are shortages of ABHR, are staff performing hand hygiene using soap and water instead?
- Are staff washing hands with soap and water when their hands are visibly soiled?

Do staff perform hand hygiene (even if gloves are used) in the following situations?

- Before and after contact with the resident;
- After contact with blood, body fluids, or visibly contaminated surfaces;
- After contact with objects and surfaces in the resident's environment;
- After removing personal protective equipment; and
- Before performing a procedure such as an aseptic task?

1. Standard and Transmission-Based Precautions (TBPs)

Hand Hygiene (cont.)

Are staff performing hand hygiene when indicated?

- When being assisted by staff, is resident hand hygiene performed after toileting and before meals?
- Interview appropriate staff to determine if hand hygiene supplies (e.g., ABHR, soap, paper towels) are readily available and who they contact for replacement supplies.

1. Standard and Transmission-Based Precautions (TBPs)

Personal Protective Equipment

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 body site to a clean body site during resident care; and
- An isolation gown is worn for direct resident contact if the resident has uncontained secretions or excretions.

1. Standard and Transmission-Based Precautions (TBPs)

Personal Protective Equipment (cont.)

- Is PPE appropriately removed and discarded after resident care, prior to leaving room (except in the case of extended use of PPE per national/local recommendations), followed by hand hygiene?
- 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.

1. Standard and Transmission-Based Precautions (TBPs)

Transmission-Based Precautions

Determine if appropriate Transmission-Based Precautions are implemented:

- For a resident on Contact Precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment;
- For a resident on Droplet Precautions: staff don a facemask within six feet of a resident;
- For a resident on Airborne Precautions: staff don an N95 or higher level respirator prior to room entry of a resident;
- For a resident with an undiagnosed respiratory infection: staff follow Standard, Contact, and Droplet Precautions
- For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available.

(Note: PPE use is based on availability and latest CDC guidance)

1. Standard and Transmission-Based Precautions (TBPs)

Transmission-Based Precautions

Some procedures performed on residents with known or suspected COVID-19 could generate infectious aerosols. If performed, the following should occur:

- Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and an isolation gown.
- The number of staff present during the procedure should be limited to only those essential for resident care and procedure support.
- Aerosolized generating procedures 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 the room surfaces promptly and with appropriate disinfectant

1. Standard and Transmission-Based Precautions (TBPs)

Transmission-Based Precautions

Determine if appropriate Transmission-Based Precautions are implemented cont.:

- Dedicated or disposable noncritical resident-care equipment is used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions
- Objects and environmental surfaces that are touched frequently and in close proximity to the resident are cleaned and disinfected with an EPA-registered disinfectant for healthcare setting at least daily and when visibly soiled; and
- Is signage on the use of specific PPE (for staff) posted in appropriate locations in the facility?
- Interview appropriate staff to determine if they are aware of processes/protocols for Transmission-Based Precautions and how staff is monitored for compliance.
- If concerns are identified, expand the sample to include more residents on Transmission-Based Precautions.

2. Resident Care

- If there is sustained community transmission or case(s) of COVID-19 in the facility, is the facility restricting residents to their rooms except for medically necessary purposes?
- Has the facility cancelled group outings, group activities, and communal dining?
- Has the facility isolated residents with known or suspected COVID-19 in a private room, or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations?
- For the resident who develops severe symptoms of illness and requires transfer to a hospital for a higher level of care, did the facility alert emergency medical services and the receiving facility of the resident's diagnosis (suspected or confirmed COVID-19) and precautions to be taken by transferring and receiving staff as well as place a facemask on the resident during transfer (as supply allows)?
- For residents who need to leave the facility for care (e.g. dialysis, etc.), did the facility notify the transportation and receiving health care team of the resident's suspected or confirmed COVID-19 status?
- Does the facility have residents who must leave the facility regularly for medically necessary purposes (e.g., residents receiving hemodialysis and chemotherapy) wear a facemask (if available) whenever they leave their room, including for procedures outside of the facility?

3. IPCP Standards, Policies and Procedures

- Did the facility establish a facility-wide IPCP including 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.

4. Infection Surveillance

- How many residents and staff have fever, respiratory signs/symptoms, or other signs/symptoms related to COVID-19?
- How many residents and staff have been diagnosed with COVID-19 and when was the first case confirmed?
- How many residents and staff have been tested for COVID-19? What is the protocol for determining when residents and staff should be tested?
- Has the facility established/implemented a surveillance plan?
- Does the plan include early detection, management of a potentially infectious, symptomatic resident?

4. Infection Surveillance

- Does the facility have a process for communicating the diagnosis, treatment, and laboratory test results?
- Can appropriate staff 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.

5. Visitor Entry

- Review for compliance of:
 - Screening processes and criteria
 - Restriction criteria; and
 - Signage posted at facility entrances for screening and restrictions as well as a communication plan to alert visitors of new procedures/restrictions.
- For those permitted entry, are they instructed to frequently perform hand hygiene; limit their interactions with others in the facility and surfaces touched; restrict their visit to the resident's room or other location designated by the facility; and offered PPE as supply allows?

5. Visitor Entry

- What is the facility's process for communicating this information?
- For those permitted entry, are they advised to monitor for signs and symptoms of COVID-19 and appropriate actions to take if signs and/or symptoms occur?

6. Education, Monitoring, and Screening of Staff

- Is there evidence the facility has provided education to staff on COVID-19?
- How does the facility 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?

6. Education, Monitoring, and Screening of Staff

If staff develop symptoms at work does the facility:

- Place them in a facemask and have them return home;
- 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

7. Emergency Preparedness - Staffing in Emergencies

- **Policy development:** Does the facility have a policy and procedure for ensuring staffing to meet the needs of the residents 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 residents?

Summary

- Facilities can review the Focused Survey tool to determine CMS's expectations for an infection prevention and control program during the COVID-19 pandemic
- Facilities should utilize the COVID-19 Focused Survey for Nursing Homes as a self-assessment tool