



**COVID-19 Outbreak Facility
Healthcare Assessment Tool**
Healthcare-Associated Infections (HAI) Program

Facility Name:	County:
Facility POC:	Phone: Email:
HAI-IP or HAI Surveyor:	Date:

SITUATION UPDATE		
The following questions refer to COVID-19 testing status among residents and staff, and review facility characteristics.		
COVID-19 TESTING STATUS		
1	Total number of residents with lab-confirmed COVID-19 associated with outbreak	#
2	Number of residents with positive test results currently in facility	#
3	Number of residents with positive test results who are currently hospitalized (regardless of where positive test was obtained)	#
4	Number of residents tested with results pending	#
5	Total number of HCP or staff with lab-confirmed COVID-19 since start of outbreak	#
6	Number of positive HCP/staff who worked while symptomatic since start of outbreak	#
7	Number of HCP/staff tested since start of outbreak	#
8	Number of HCP/staff tested with results pending since start of outbreak	#
9	Facility is aware of HCP/staff working at other facilities	Y N
FACILITY INFORMATION		
10	Current census	#
11	Facility bed size	#
12	Facility has a ventilator unit	Y N
13	Facility has a memory care unit or dementia ward	Y N
14	Facility has wanderers	Y N
15	Facility is a dialysis provider	Y N
16	Facility is under corporate ownership or management	Y N
17	Facility IP is available on a daily basis	Y N
SUMMARY AND RECOMMENDATIONS		

STRATEGIES

The following questions refer to policies and procedures to limit introduction, detect, and prevent spread of COVID-19.

HCP AND RESIDENTS

18	HCP are screened daily prior to starting their work shift	Y N
19	All HCP wear a facemask at all times while in the facility	Y N
20	HCP perform hand hygiene prior to masking	Y N
21	All staff maintain social distancing	Y N
22	Residents limit movement outside their rooms	Y N
23	If residents need to leave their room, they wear a facemask	Y N
24	Residents with cognitive deficits or psychiatric illness receive frequent reminders to stay in their room and are supervised when leaving their room	Y N
25	Large group activities are suspended	Y N
26	Communal dining areas are closed	Y N

VISITORS

27	All nonessential visitors are restricted	Y N
28	Essential visitors are screened for both: <ul style="list-style-type: none">○ Signs or symptoms of COVID-19○ Contact with someone with suspected or confirmed COVID-19	Y N
29	Essential visitor movement is limited within the facility and common areas are avoided	Y N
30	Facility restricts nonessential HCP (for example, volunteers)	Y N
31	Facility supports remote communication between residents and family/visitors (for example, video call applications on cell phones or tablets)	Y N
32	Facility has developed policies addressing when and how visitors might still be allowed to enter the facility (such as, end of life situations)	Y N

SURVEILLANCE

33	Facility conducts surveillance to detect new residents with COVID-19	Y N
34	There is a protocol for daily (or more frequent) monitoring for acute respiratory illness (fever, cough, shortness of breath) among residents	Y N
35	Facility tracks suspected and confirmed respiratory infections using a line list https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf	Y N
36	Facility monitors vital signs (including pulse oximetry) every shift for all residents, and monitors residents with COVID-19 every 4 hours	Y N
37	Facility has procedures for notifying other facilities prior to transferring a resident	Y N
38	Facility notifies the health department for all of the following: <ul style="list-style-type: none">○ COVID-19 suspected or confirmed in a resident or HCP○ Resident with severe respiratory infection○ A cluster of new-onset respiratory symptoms among residents or HCP (for example, ≥3 cases over 72 hours)	Y N

SUMMARY AND RECOMMENDATIONS

SPACE

The following questions refer to designation of separate locations for resident placement depending on their COVID-19 status.

DESIGNATED LOCATIONS AND PLACEMENT

39	A designated location (unit, wing, or building) has been identified to care for residents with confirmed COVID-19 that is separate from other residents	Y N
40	Residents with confirmed COVID-19 are placed in single occupancy rooms with the door closed	Y N
41	Residents with confirmed COVID-19 are cohorted in multi-occupancy rooms with other residents with confirmed COVID-19	Y N
42	Residents with confirmed COVID-19 have their own shower room	Y N
43	If a separate shower room is not available, residents with COVID-19 receive in-room bed baths	Y N
44	Residents with suspected COVID-19 remain in their rooms with the door closed while test results are pending	Y N
45	If the resident with suspected COVID-19 is in a multi-occupancy room, facility maintains 6 feet, or as far as possible, between residents and closes the curtains between beds, while test results are pending	Y N
46	Facility has a plan for placement and monitoring of new admissions and readmissions with unknown COVID-19 status	Y N
47	Residents with unknown COVID-19 status are admitted (or readmitted) to single rooms	Y N
48	Residents with unknown COVID-19 status are admitted (or readmitted) to a separate observation unit, wing, or building	Y N

CLEANING AND DISINFECTION

49	EPA-registered, healthcare-grade disinfectant is used for cleaning and disinfection <i>Refer to the EPA list of products with label claims against COVID-19</i> https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2	Y N
50	High-touch surfaces in residents' rooms, staff break rooms, and work areas are cleaned and disinfected frequently (such as during each shift)	Y N
51	All shared resident care equipment is cleaned and disinfected between resident use	Y N
52	Cleaning/disinfectant bottles are labeled with wet contact time	Y N
53	Cleaning staff don and doff PPE appropriately	Y N
54	There is dedicated cleaning staff for the COVID-19 unit, wing, or building	Y N
55	Cleaning proceeds from clean to dirty	Y N

SUMMARY AND RECOMMENDATIONS

STAFF

The following questions refer to designation of separate HCP to care for residents depending on their COVID-19 status.

PROVIDING RESIDENT CARE

56	Facility has designated HCP to care only for COVID-19 positive residents	Y N
57	HCP caring for residents with COVID-19 avoid co-mingling with other HCP	Y N
58	HCP caring for COVID-19 positive residents have a separate: <ul style="list-style-type: none"> o Entrance (if possible) o Restroom o Break room 	Y N
59	All HCP are familiar with Standard and Transmission-based precautions	Y N
60	Staff are trained and assessed for competency by return demonstration of proper PPE donning and doffing procedures	Y N
61	HCP have been fit-tested for N95 respirators	Y N
	While providing care for COVID-19 positive residents, dedicated HCP use:	
62	o N95 respirators (if unavailable, a facemask)	Y N
63	o Eye protection (face shield or goggles)	Y N
64	o Gown	Y N
65	o Gloves	Y N
	Dedicated HCP understand:	
66	o Processes for extended use of facemasks and eye protection	Y N
67	o Prioritization of gowns for certain resident care activities https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html	Y N
68	HCP bundle tasks to reduce number of room entries	Y N
69	Dedicated HCP perform cleaning/disinfection of high-touch surfaces when in the room while providing care activities to limit potential exposure of non-dedicated environmental services personnel	Y N

REPORTING TO WORK AND STAFFING

70	HCP have been instructed to <u>not</u> report to work if symptomatic with fever or respiratory symptoms	Y N
71	Ill HCP are aware they must report symptoms to their supervisor	Y N
72	HCP who develop signs and symptoms of a respiratory infection while at work are instructed to immediately stop work, put on a facemask (if not already wearing one), alert their supervisor, leave the facility, and self-isolate at home	Y N
73	Facility has a plan for maintaining adequate staffing	Y N
74	There is an established process for obtaining staffing support, if needed	Y N
75	Return to work policies developed for HCP with suspected or confirmed COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html	Y N

SUMMARY AND RECOMMENDATIONS

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SUPPLIES

The following questions refer to PPE and other critical materials and equipment.

SUPPLY STATUS				
76	Facility tracks current supply of PPE and other critical materials			Y N
	<i>PPE/Supplies</i>	<i>Number of full boxes remaining</i>	<i>Days of facility supply remaining</i>	
77	Facemasks	#	78	#
79	N-95 or higher-level respirators	#	80	#
81	Isolation gowns	#	82	#
83	Eye protection	#	84	#
85	Gloves	#	86	#
87	Alcohol-based hand rub (ABHR)	#	88	#
<i>Use a burn rate calculator to estimate remaining supply based on the average consumption rate https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html</i>				
	Facility has an adequate supply of:			
89	o EPA-registered disinfectant			Y N
90	o Tissues			Y N
	ABHR is easily accessible in:			
91	o Every resident room (ideally both inside and outside the room)			Y N
92	o Other resident care areas			Y N
93	PPE supplies are placed in all areas where resident care is provided			Y N
94	Trash cans are accessible upon exiting resident rooms for appropriate doffing of PPE			Y N
SINGLE-USE AND REUSABLE MEDICAL EQUIPMENT				
95	Single use equipment is used for residents with COVID-19			Y N
96	Re-useable medical equipment is dedicated to residents with COVID-19 (for example, thermometers, stethoscopes)			Y N
97	Reusable medical equipment is cleaned and disinfected between use			Y N
SUMMARY AND RECOMMENDATIONS				