

# COVID-19 Focused Infection Control Survey: Acute and Continuing Care

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**General guidance:** This survey tool must be used to investigate compliance with the general infection prevention and control (IPC) requirements and determine whether the provider is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Items are assessed by a combination of observation, interview, and documentation review. The focused infection control survey is meant to be short in nature to minimize interruptions in care and transmission of potential diseases/infections during the COVID-19 pandemic. If possible, offsite review of medical records and documentation should be arranged with the provider (see QSO 20-12-All for more detail).

Content within this tool may be generally applied to any setting. However, CMS recognizes that not all acute and continuing care providers have the same acuity or capacity and therefore, depending upon the setting, not all information will be applicable on every survey (e.g.; aerosol generating procedures section).

For purposes of this document, “staff” includes employees, consultants, contractors, volunteers, and others who provide care and services to patients on behalf of the facility. Additionally, the general term “facility” means inpatient, congregate settings, hospitals, intermediate care facilities for individuals with developmental disabilities, dialysis facilities, and clinics, and “home” refers to settings such as hospice and home health where care is provided in the home.

Surveyors and facilities are urged to frequently review the CDC resources noted in previous memos for the most up to date and detailed information.

## **Entering the Facility/Triage/Registration/Visitor Handling**

Prior to entering the facility:

- Is signage posted at facility entrances with visitation restrictions and screening procedures?
- Are signs posted at entrances with instructions to individuals seeking medical care with symptoms of respiratory infection to immediately put on a mask and keep it on during their assessment, cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions?

Upon entering the facility:

- Are staff trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspect COVID-19 cases?
- Is there a process that occurs after a suspected case is identified to include immediate notification of facility leadership/infection control?

## **Visitation:**

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- Are facilities actively screening visitors (CDC currently recommends staff are checking for fever and signs and/or symptoms of respiratory infection, and other criteria such as travel or exposure to COVID-19)?
- What is your current screening criteria?
- For permitted visitors are they instructed to frequently perform hand hygiene; limit their interactions with others in the facility; restrict their visit to the patient's room or other location designated by the facility; and offered personal protective equipment (PPE) as supply allows?
- Facilities should limit visitation .

**Did the facility perform appropriate screening of visitors?**  Yes  No (see appropriate IPC tags for the provider/supplier type)

### Standard and Transmission-Based Precautions (TBPs)

CMS is aware that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control. However, CMS does expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for patients.

Optimizing their current supply may mean prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact their respective CMS Location Office.

### General Standard Precautions

Are staff performing the following appropriately:

- Safe injection practices,
- Respiratory hygiene/cough etiquette,
- Environmental cleaning and disinfection, and
- Reprocessing of reusable patient medical equipment (i.e., cleaning and disinfection)?

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### Hand Hygiene:

- Staff implement standard precautions (e.g., hand hygiene and the appropriate use of PPE).
- Appropriate hand hygiene practices are followed.
- Alcohol based hand rub (ABHR) for hand hygiene is available at each entrance and in all common areas.
- Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), If there are shortages of ABHR, hand hygiene using soap and water is still expected.
- Staff perform hand hygiene (even if gloves are used) in the following situations:
  - Before and after contact with patients;
  - After contact with blood, body fluids, or visibly contaminated surfaces or other objects and surfaces in the care environment;
  - After removing personal protective equipment (e.g., gloves, gown, facemask); and
  - Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, medication preparation, and/or dressing care).
- Interview appropriate staff to determine if hand hygiene supplies are readily available and who they contact for replacement supplies.
- Soap, water, and a sink are readily accessible in appropriate care locations.

**Did staff implement appropriate hand hygiene?**  Yes  No (see appropriate IPC tags for the provider/supplier type)

### Personal Protective Equipment (PPE):

- Determine if staff appropriately use and discard PPE including, but not limited to, the following:
  - Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
  - Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin;
  - Gloves are changed and hand hygiene is performed before moving from a contaminated site to a clean site during care (body, equipment, etc);
  - A gown is worn for direct patient contact if the patient has uncontained secretions or excretions;
  - A facemask, gloves, isolation gown, and eye protection are worn when caring for a patient with new acute cough or symptoms of an undiagnosed respiratory infection unless the suspected diagnosis requires airborne precautions (e.g., tuberculosis).

### Aerosol – Generating Procedures

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- Appropriate mouth, nose, clothing, gloves, and eye protection (e.g., N95 or higher-level respirator, if available; face shield, gowns) is worn for performing aerosol-generating and/or procedures that are likely to generate splashes or sprays of blood or body fluids and COVID-19 is suspected;
  - Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways, nebulizing treatment) should be performed cautiously. If performed, the following should occur:
    - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.
    - The number of staff present during the procedure should be limited to only those essential for care and procedure support.
    - Aerosol-generating procedures (AGPs) should ideally take place in an airborne infection isolation room (AIIR), or private room with the door closed if AIIR is not available.
    - Clean and disinfect procedure room surfaces promptly as and with appropriate disinfectant.
  - Extended use of respirators, facemasks, and eye protection is permitted in times of shortages (follow national guidelines);
  - PPE is appropriately discarded after care, prior to leaving room, followed by hand hygiene;
  - Are there sufficient PPE supplies available to follow infection prevention and control guidelines for COVID-19;
  - In the event of PPE shortages, what procedures is the facility taking to address this issue?
- Interview appropriate staff to determine if PPE supplies are readily available and who they contact for replacement supplies.

**Did staff implement appropriate use of PPE?**  Yes  No (see appropriate IPC tags for the provider/supplier type)

### Transmission-Based Precautions:

- Determine if appropriate transmission-based precautions are implemented, including but not limited to:
- Signage on the patient's room regarding need for transmission-based precautions.
  - PPE use by staff (i.e., don gloves and gowns before contact with the patient and their care environment while on contact precautions; don facemask within three feet of a patient on droplet precautions; for facilities that use/have N-95 masks - don an fit-tested N95 or higher level respirator prior to room entry of a patient on airborne precautions);
  - Dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) are used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant prior to use on another patient or before being returned to a common clean storage area;
  - When transport or movement is medically-necessary outside of the patient room, does the patient wear a facemask?
  - Contaminated surfaces, objects and environmental surfaces that are touched frequently and in close proximity to the patient (e.g., bed rails, over-bed table, bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare use (effective against the organism identified if known) at least daily and when visibly soiled.

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- Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.
- For providers of care in the home, has the provider, educated patients and family members regarding transmission of infectious diseases and specifically mitigating transmission of COVID-19.
- Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.
- If concerns are identified, expand the sample to include more patients with transmission-based precautions.

**Did the staff implement appropriate transmission-based precautions?**  Yes  No (see appropriate IPC tags for the provider/supplier type)

### Policy and Procedure:

- The facility established a facility-wide IPCP including written IPCP standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19.
- Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

**Did the facility develop and implement an overall IPCP including policies and procedures for for undiagnosed respiratory illness and COVID-19?**  Yes  No (see appropriate IPC tags for the provider/supplier type)

### Infection Surveillance:

- Does the facility know how many patients in the facility have been diagnosed with COVID-19 (suspected and confirmed)?
- The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of fever, respiratory illness, or other signs/symptoms of COVID-19.
- The plan includes early detection, management of a potentially infectious, symptomatic patient and the implementation of appropriate transmission-based precautions/PPE.
- The facility has a process for communicating the diagnosis, treatment, and laboratory test results when transferring patients to an acute care hospital or other healthcare provider.
- Staff can identify communication protocol with local/state public health officials.
- Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

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**Did the facility provide appropriate infection surveillance?**  Yes  No (see appropriate IPC tags for the provider/supplier type)

### Education, Monitoring, and Screening of Staff

- Is there evidence the provider has educated staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?
- How does the provider convey updates on COVID-19 to all staff?
- Does the provider have a process for screening all staff for fever and/or signs/symptoms of respiratory illness (i.e., actively take their temperature and document absence of respiratory illness)?
- If staff are ill at work (as stated above), does the provider:
  - have a process for staff to report their illness or developing symptoms;
  - place them in a facemask and have them return home for appropriate medical evaluation;
  - inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and
  - follow the local health department recommendations for next steps.
- Does the facility have a policy and procedure for ensuring staffing to meet the needs of the patients when needed during an emergency (e.g., if they start having substantial vacancies or quarantines)?

**Did the facility provide appropriate education, monitoring, and screening of staff?**  Yes  No (see appropriate IPC tags for the provider/supplier type)

The following sections are specific nuances to consider and assess when on survey.

### Considerations Specifically for Surveys of Hospitals and Critical Access Hospitals

#### Patient Care

- Is the facility restricting patients (to the extent possible) to their rooms except for medically necessary purposes? If patients have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (stay at least 6 feet away from others). If PPE shortage is an issue, facemasks should be limited to patients diagnosed with COVID-19 or has signs/symptoms of respiratory illness or COVID-19.

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- Patients with known or suspected COVID-19 should ideally be placed in a private room. If a private room was not available, what alternative measures did the facility take (e.g., cohorting)?

**Did staff provide appropriate care for patients with known or suspected COVID-19?**  Yes  No (Hospital Tag A-0747, CAH Tag C-0278)

### Environmental Cleaning

- During environmental cleaning procedures, personnel wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection)?
- Environmental surfaces in patient care areas are cleaned and disinfected, using an EPA-registered disinfectant on a regular basis (e.g., daily), when spills occur and when surfaces are visibly contaminated? Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;
- Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).
- The hospital decontaminates spills of blood or other body fluids according to its policies and procedures, using appropriate EPA-registered hospital disinfectants?

**Did staff provide appropriate environmental cleaning for facilities with known or suspected COVID-19?**  Yes  No (Hospital Tag A-0747, CAH Tag C-0278)

### Additional Considerations Specifically for Dialysis Facility Surveys

#### Hand Hygiene Considerations

- Perform handwashing with soap and water at dedicated handwashing sinks if hands are visibly soiled (see § 494.30(a)(1)(i))
- Remove gloves and perform hand hygiene between each patient or dialysis station

#### Cleaning and Disinfection Considerations

- Items taken to the dialysis station must be either disposed of, dedicated for use on a single patient or cleaned and disinfected before being taken to a common clean area or used on another patient
- Use proper aseptic technique during vascular access care, medication preparation and administration

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- Proper cleaning and disinfection of the dialysis station including the dialysis machine, chair, prime waste receptacle, reuseable acid and bicarbonate containers after the previous patient fully vacates the station.
- Clean areas should be clearly designated for the preparation, handling and storage of medications and unused supplies and equipment.
- Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled.
- Proper disposal of bio-hazard waste

### Isolation Considerations

- Ensure dedicated machines, equipment, instruments, supplies, and medications that will not be used to care for non-isolation patients.

**Did staff implement appropriate hand hygiene, cleaning/disinfection and isolation considerations?**  Yes  No (see Condition 42 CFR 494.30 and Tags V110-V148)