NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

COVID-19 Post-Acute Care Setting Infection Control Assessment and Response (ICAR) Tool

The following infection prevention and control assessment tool should be used to assist post-acute care settings with preparing to care for residents with COVID-19. Elements should be assessed through a combination of interviews with staff and direct observation of practices in the facility.

The assessment focuses on the following priorities, which should be implemented by all post-acute care facilities.

- **Keep COVID-19 from entering your facility:**
  o Limit access points to the facility.
  o Follow current guidance for visitation.
  o Actively screen all staff for fever and respiratory symptoms before starting each shift; send them home if they are ill.
  o Cancel all field trips outside of the facility.
  o Assess if any staff or consultants work at multiple facilities. Dedicate staff to one facility only.
  o Have residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis) wear a facemask whenever they leave their room, including for procedures outside of the facility. These residents should be assigned to a private room if possible.
- **Identify infections early:**
  o Actively screen all residents at least daily for fever and respiratory symptoms; immediately isolate anyone who is symptomatic.
    ▪ Residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include: new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is circulating in the community.
  o Notify the health department if there are any cases of confirmed or suspected COVID-19 or severe respiratory disease, or if there is a cluster (≥3 residents and/or staff) of any respiratory infections.
- **Prevent spread of COVID-19:**
  o Follow current NC DHHS and CDC guidance on group activities and indoor dining.
  o Enforce social distancing among residents.
  o Implement universal facemask use by all people in the facility (source control), including all staff, residents, and visitors.
    ▪ If facemasks are in short supply, they should be prioritized for direct care personnel. All staff should be reminded to practice social distancing when in break rooms or common areas.
    ▪ Residents and staff who do not provide direct patient care may wear cloth masks as source control. Cloth masks are not considered PPE and should not be used instead of a surgical mask or respirator.
  o If COVID-19 is identified in the facility, have staff wear all recommended PPE (including surgical facemask OR N95 respirator [if available], gown, gloves, and face shield) for care of all residents in

isolation or quarantine, regardless of the presence of symptoms. Refer to strategies for optimizing PPE when shortages exist.

- Cohort COVID-19-positive residents with dedicated staff in one area and COVID-19-negative residents with dedicated staff in a separate area.
- This approach is recommended to account for residents who are infected but not manifesting symptoms. Recent experience suggests that a substantial proportion of post-acute care residents with COVID-19 do not demonstrate symptoms.
- When a new facility-onset case is identified, consult with public health and follow testing guidance.

- **Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply:**
  - For example, extended use of facemasks and eye protection or prioritization of gowns for certain resident care activities
    - https://www.cdc.gov/coronavirus/2019-ncov/staff/ppe-strategy/index.html

- **Identify and manage severe illness:**
  - Facility performs appropriate monitoring of ill residents (including documentation of pulse oximetry if available) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.

Demographics

Date of Assessment	
Assessment Completed by	
Facility Name	
Facility Location	
Facility Type	□ Long Term Care □ Skilled Nursing Facility □ Nursing Home □ Assisted living Facility □ Adult Care Home □ Other _____
Number of Licensed Beds	
Facility Certified by CMS	□ Yes □ No
Facility Licensed by State	□ Yes □ No
Facility License #	
Facility Affiliated with Hospital	□ Yes_____ Hospital Name □ No
Contact Person	
Contact Person's Title	
Contact Person's Phone	
Contact Person's Email	
Total Staff Hours Per Week Dedicated to Infection Prevention	

Which of the following situations apply to the facility? (Choose the most appropriate answer)
□ No cases of COVID-19 currently reported in their community
□ Cases reported in their community
□ Sustained transmission reported in their community-Positivity Rate □ <5% □ 5-10% □ >10% □ Unknown
□ Cases identified in their facility (either among staff or residents)
□ # of staff_____ # of residents
□ # of residents with COVID-19 infection currently in facility and has not met criteria to D/C precautions _____

How many days supply does the facility have of the following PPE and alcohol-based hand sanitizer (ABHS)? The CDC's PPE Burn Rate Calculator can be used to help determine this number.

      Facemasks:

      N-95 or higher-level respirators:

      Isolation gowns:

      Eye protection:

      Gloves:

      ABHS:

Residents are tested: Check all that apply:
□ **When symptomatic**
□ **When there is an outbreak**
□ **Other_____**

Staff are tested: Check all that apply:
□ **When symptomatic**
□ **When there is an outbreak**
□ **Per CMS guidance based on county positivity Rate**
Other_____

Visitor restrictions		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
Facility follows current NC DHHS and CMS guidance for visitation, including suspending indoor visitation until 14 days following the symptom onset/test date of the most recent COVID-19 case. Has indoor visitation resumed: describe process	□ Yes □ No □Yes □No	
Potential visitors (including non-essential personnel [e.g., volunteers] and non-essential consultant personnel [e.g., barbers]) are screened prior to entry for fever or respiratory symptoms. Those with symptoms are not permitted to enter the facility.	□ Yes □ No	
Visitors that are permitted inside must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility, per NC DHHS guidance.	□ Yes □ No	
Visitors are frequently reminded to perform hand hygiene, maintain social distancing, and follow other visitation procedures.	□ Yes □ No	
Facility has sent a communication (e.g., letter, email) to families describing current visitation policies and procedures.	□ Yes □ No	

Elements to be assessed	Assessment	Notes/Areas for Improvement
Facility has provided alternative methods for visitation (e.g., video conferencing) for residents.	☐ Yes ☐ No	
Facility has posted signs at entrances to the facility listing current visitation policies and procedures.	☐ Yes ☐ No	

Education, monitoring, and screening of staff		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
Facility screens all staff (including consultant personnel, **including transporters**) at the beginning of their shift for fever and respiratory symptoms (Actively takes their temperature and documents absence of shortness of breath, new or change in cough, and sore throat). Do they allow staff to screen themselves?	☐ Always ☐ Sometimes ☐ Never ☐ Yes ☐ No	
If staff are ill, they are instructed to put on a facemask and return home.	☐ Always ☐ Sometimes ☐ Never	
Facility keeps a list of symptomatic staff.	☐ Yes ☐ No	
What test is used for serial testing of staff? Do staff self-collect their test?	☐ POC ☐ PCR ☐ Yes ☐ No	
Dedicated health care personnel are assigned to work with COVID-positive patients. These personnel do not interact with other staff or residents.	☐ Yes ☐ No	
Personnel who work at multiple facilities are assigned to a single facility until COVID-19 transmission in the community has been contained. Are agency staff used?	☐ Yes ☐ No	

Facility has provided education and refresher training to staff (including consultant personnel) about the following:
 	
  ☐ COVID-19 (e.g., symptoms, how it is transmitted)
  ☐ Sick leave policies and importance of not reporting or remaining at work when ill
  ☐ Adherence to recommended IPC practices, including:
    ○ Hand hygiene,
    ○ Selection and use including donning and doffing PPE,
    ○ Cleaning and disinfecting environmental surfaces and resident care equipment
  ☐ Any changes to usual policies/procedures in response to PPE or staffing shortages
	☐ Yes ☐ No
	☐ Yes ☐ No
	
	☐ Yes ☐ No
	
	☐ Yes ☐ No
	☐ N/A	

Education, monitoring, and screening of residents

Elements to be assessed	Assessment	Notes/Areas for Improvement
Facility assesses residents for fever and symptoms of respiratory infection upon admission and at least daily throughout their stay in the facility, including atypical symptoms such as new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these atypical symptoms should prompt isolation and further evaluation for COVID-19 if it is circulating in the community.	☐ Always ☐ Sometimes ☐ Never	
Residents with suspected respiratory infection are immediately placed in appropriate Transmission-Based Precautions. Are they tested with POC? If POC negative what does facility do?	☐ Always ☐ Sometimes ☐ Never	

Facility performs appropriate monitoring of ill residents (including documentation of pulse oximetry, if available) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.	□ Always □ Sometimes □ Never	
Facility keeps a list of symptomatic residents.	□ Yes □ No	
Facility has dedicated wing or area to manage patients with COVID-19 which is separate from other residents and personnel in non-COVID area.	□ Yes □ No	
Facility is following current guidance on communal dining and group activities. Resumed? yes or no	□ Yes □ No	
Facility has residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis or chemotherapy) wear a facemask whenever they leave their room, including for procedures outside of the facility. These residents should be assigned to a private room if possible. Are they testing these residents more frequently?	□ Always □ Sometimes □ Never	
Have staff wear all recommended PPE (gown, gloves, eye protection, and respirator or facemask) for care of all residents in isolation or quarantine, regardless of symptoms. Refer to strategies for optimizing PPE when shortages exist.	□ Always □ Sometimes □ Never	
Facility has provided education to residents about the following: □ COVID-19 (e.g., symptoms, how it is transmitted) □ Importance of immediately informing staff if they feel feverish or ill □ Actions they can take to protect themselves (e.g., hand hygiene, covering their cough, maintaining social distancing) □ Actions the facility is taking to keep them safe (e.g., visitor restrictions, changes in PPE, canceling group activities and communal dining)	□ Yes □No □ Yes □No □ Yes □No □ Yes □No	
Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community (some facilities may choose to implement these earlier) □ Residents are encouraged to remain in their room. If residents leave their room, they wear a facemask, perform hand hygiene, limit movement in the facility and perform social distancing. □ Cohort ill residents with dedicated staff.	□ Yes □No □ Yes □No	

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Availability of PPE and Other Supplies		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
Facility has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand rub, EPA-registered disinfectants, tissues).	☐ Yes ☐ No	
If PPE shortages are identified or anticipated, facility will make an urgent PPE request through the Office of Emergency Medical Services. (See education resources in toolkit for further information.) If no shortages, has the facility returned to conventional practices?	☐ Yes ☐ No ☐ Yes ☐ No	
Facility has implemented measures to optimize current PPE supplies, which include options for extended use, reuse, and alternatives to PPE. For example, under extended use, the same facemask and eye protection may be worn during the care of more than one resident. Gowns could be prioritized for select activities such as activities where splashes and sprays are anticipated (including aerosol generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of staff. Additional options and details are available here: https://www.cdc.gov/coronavirus/2019-ncov/staff/ppe- strategy/index.html	☐ Always ☐ Sometimes ☐ Never	
Hand hygiene supplies are available in all resident care areas.	☐ Always ☐ Sometimes ☐ Never	
Alcohol-based hand sanitizer* with 60-95% alcohol is available in every resident room, hallway, and other resident care and common areas. *If there are shortages of ABHS, hand hygiene using soap and water is still expected.	☐ Always ☐ Sometimes ☐ Never	
Sinks are stocked with soap and paper towels.	☐ Always ☐ Sometimes ☐ Never	

PPE is available in resident care areas (e.g., outside resident rooms) and is easily accessible to staff. PPE includes: gloves, gowns, facemasks, N-95 or higher-level respirators (**do they have a respiratory protection program and staff are fit-tested**) and eye protection (face shield or goggles	☐ Always ☐ Sometimes ☐ Never	
EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. *See EPA List N: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2	☐ Always ☐ Sometimes ☐ Never	
Increased frequency of environmental cleaning while COVID-19 transmission is occurring in the community.	☐ Always ☐ Sometimes ☐ Never	
Tissues are available in common areas and resident rooms for respiratory hygiene, cough etiquette, and source control.	☐ Always ☐ Sometimes ☐ Never	
Infection Prevention and Control Practices		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
Staff wear the following PPE when caring for residents with undiagnosed respiratory illness unless the suspected diagnosis required Airborne Precautions (e.g., tuberculosis): • Gloves • Isolation gown • Facemask or respirator • Eye protection (e.g., goggles or face shield) If COVID-19 is suspected, an N-95 or higher-level respirator is preferred, if available and the facility has a respiratory protection program with fit-tested staff; facemasks are an acceptable alternative.	☐ Always ☐ Sometimes ☐ Never	
PPE are removed in a manner to prevent self-contamination, hand hygiene is performed, and new PPE are put on after each resident except as noted in CDC's extended use and reuse guidance. Are they monitoring these activities?	☐ Always ☐ Sometimes ☐ Never	
Facility has implemented universal use of facemasks for everyone, including all staff, residents, and visitors, and non-essential personnel, while in the facility. If facemasks are in short supply, they are prioritized for direct care personnel. Non-direct care providers can use a cloth face covering.	☐ Always ☐ Sometimes ☐ Never	

Facility ensures that all visitors and non-essential personnel are compliant with all recommended infection prevention practices.	☐ Always ☐ Sometimes ☐ Never	
All staff are reminded to practice social distancing when in break rooms or common areas, <u>including smoking area.</u>	☐ Always ☐ Sometimes ☐ Never	
Non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use.	☐ Always ☐ Sometimes ☐ Never	
<u>EPA-registered disinfectants</u> are prepared and used in accordance with label instructions.	☐ Always ☐ Sometimes ☐ Never	

Staff perform hand hygiene in the following situations:
 	
   ☐ Before resident contact, even if PPE is worn
   ☐ After contact with the resident
   ☐ After contact with blood, body fluids or contaminated surfaces or equipment
   ☐ Before performing sterile procedure
   ☐ After removing PPE
*A=always, S=sometimes, N=never
	☐ A ☐ S ☐ N
	
	☐ A ☐ S ☐ N
	
	☐ A ☐ S ☐ N
	
	☐ A ☐ S ☐ N
	
	☐ A ☐ S ☐ N	

If COVID-19 has been identified in the facility, have staff wear all recommended PPE (gown, gloves, eye protection, surgical facemask OR N95 respirator [if available]) for the care of all residents in isolation or quarantine, regardless of presence of symptoms. Refer to strategies for optimizing PPE when shortages exist.	☐ Always ☐ Sometimes ☐ Never	

Communication		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
Facility communicates information about known or suspected COVID-19 patients to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities.	☐ Always ☐ Sometimes ☐ Never	
Facility notifies the health department about any of the following: • COVID-19 is suspected or confirmed in a resident or healthcare provider. • A resident has severe respiratory infection • A cluster (e.g., ≥ 3 residents or staff with new-onset respiratory symptoms over 72 hours) of residents or staff with symptoms of respiratory infection is identified.	☐ Always ☐ Sometimes ☐ Never	
Facility has a plan to acquire temporary staff on short notice in case of an emergency staffing shortage.	☐ Yes ☐ No	
Facility can provide points of contact with the local/state health department.	☐ Yes ☐ No	