



# Regional Infection Prevention Support Team

*Infection prevention saves lives*

ICAR Tool

## Regional Infection Prevention Support (RIPS) Team Infection Control Assessment and Response (ICAR) Tool

Please use this survey to record the results of your ICAR site visits. Some of these questions may not be applicable for all facility types, so please mark N/A for any questions that do not apply to the facility that you are evaluating.

### Overview

1. Facility Demographics (*Page 2*)
2. Infection Prevention Program and Infrastructure (*Page 3*)
3. Healthcare Personnel and Resident Safety (*Page 4*)
4. Surveillance and Disease Reporting (*Page 6*)
5. Hand Hygiene (*Page 7*)
6. Personal Protective Equipment (PPE) (*Page 8*)
7. Respiratory Hygiene and Cough Etiquette (*Page 9*)
8. Antibiotic Stewardship (Nursing Homes Only) (*Page 10*)
9. Injection Safety and Point of Care Testing (*Page 11*)
10. Environmental Cleaning (*Page 12*)
11. Outbreak Management (if facility is in outbreak status) (*Page 15*)
12. Hand Hygiene and Transmission-Based Precautions Observation (*Page 17*)
13. Assisted Blood Glucose Monitoring Observation (*Page 20*)
14. Indwelling Urinary Catheter (IUC) Observation (*Page 21*)
15. Central Venous Catheter (CVC) Observation (*Page 22*)
16. Wound Dressing Change Observation (*Page 23*)

1. Facility Demographics	
RIPS Region	
Assessment completed by:	
Assessment date	
Reason for assessment	<input type="checkbox"/> Routine IP visit <input type="checkbox"/> Outbreak <input type="checkbox"/> Identified IP breach <input type="checkbox"/> Request from LHD, DHSR, or other partner <input type="checkbox"/> Other (please specify): _____
Please record any other relevant information about visit here (optional)	
Facility name	
Facility county	
Facility type	<input type="checkbox"/> Adult care home/assisted living facility <input type="checkbox"/> Nursing home/skilled nursing facility <input type="checkbox"/> Family care home <input type="checkbox"/> Mental or behavioral health facility <input type="checkbox"/> Other (please specify): _____
Number of licensed beds	
Facility licensed by CMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility licensed by state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please record license numbers for all facilities being evaluated in this ICAR tool, if applicable.	
Facility affiliated with hospital?	<input type="checkbox"/> Yes (please specify): _____ <input type="checkbox"/> No

Facility contact	Name:  Title:  Phone number:  Email address:
Total number of staff hours per week dedicated to IP	<input type="checkbox"/> 0-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40+

2. Infection Control Program and Infrastructure		
<i>Element to be Assessed</i>	<i>Assessment</i>	<i>Notes</i>
The facility has specified a person (e.g., staff, consultant) who is responsible for coordinating the IP program.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>The person responsible for coordinating the IP program has received training in IP.</p> <p><i>Examples of training may include: CIC certification, participation in IP courses organized/authorized by the state (e.g., NC SPICE), recognized professional societies (e.g., APIC, SHEA), or federal agencies (e.g., CDC, CMS)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility has a process for reviewing infection surveillance data and infection prevention activities (e.g., presentation at QA committee).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>Written IP policies and procedures are available and based on evidence-based guidelines (e.g., CDC/HICPAC), regulations (F-441, CMS 483.40), or standards.</p> <p><i>Note: Policies and procedures should be tailored to the facility (i.e., not just copied and pasted corporate policies) and extend beyond required OSHA bloodborne pathogens and COVID-19 trainings or the CMS State Operations Manual.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Written IP policies and procedures are reviewed at least annually or according to state and federal requirements, and updated if appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility has provided appropriate infection prevention education to all staff based on their job duties and potential for exposure to communicable diseases at time of hire and at least annually thereafter.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility has a written plan for emergency preparedness (e.g., increased COVID-19 transmission, increase in cases or outbreak of other communicable disease, or natural disaster).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<b>3. Healthcare Personnel and Resident Safety</b>		
<i>Element to be Assessed</i>	<i>Assessment</i>	<i>Notes</i>
<b>Healthcare Personnel</b>		
The facility has work-exclusion policies concerning avoiding contact with residents when personnel have potentially transmissible conditions that do not penalize sick employees with loss of wages, benefits, or job status.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility educates personnel on prompt reporting of signs/symptoms of a potentially transmissible illness to a supervisor.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility conducts baseline TB screening for all new personnel.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility has a policy to assess healthcare personnel risk for TB (based on regional and community data) and requires periodic (at least annual) TB screening if indicated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility offers Hepatitis B vaccination to all personnel who may be exposed to blood or body fluids as part of their job duties.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<p>The facility offers all personnel influenza vaccination annually.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>The facility maintains written records of personnel influenza vaccination from the most recent influenza season.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>The facility offers all personnel COVID-19 vaccination.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>The facility maintains written records of personnel COVID-19 vaccination.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>The facility has a COVID-19 vaccine partner that is meeting current needs for resident and staff vaccinations.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>The facility has an exposure control plan which addresses potential hazards posed by specific services provided by the facility (e.g., bloodborne pathogens).</p> <p><i>Note: A model template, which includes a guide for creating an exposure control plan that meets the requirements of the OSHA Bloodborne Pathogens Standard is available <a href="#">here</a>.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>All personnel receive training and competency validation on managing a bloodborne pathogen exposure at the time of employment.</p> <p><i>Note: An exposure incident refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an individual's duties.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

All personnel received training and competency validation on managing a potential bloodborne pathogen exposure within the past 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Resident Safety</b>		
The facility currently has a written infection control risk assessment to assess risk of communicable diseases, such as TB and COVID-19, based on regional and local transmission and provide screening to residents on admission.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility documents resident immunization status for pneumococcal and COVID-19 vaccination at time of admission.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility offers COVID-19 vaccination to residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility maintains written records of resident COVID-19 vaccination status.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility offers annual influenza vaccination to residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<b>4. Surveillance and Disease Reporting</b>		
<i>Elements to be Assessed</i>	<i>Assessment</i>	<i>Notes</i>
<b>Surveillance</b>		
<p>The facility has written intake procedures to identify potentially infectious persons at time of admission.</p> <p>Examples: Documenting COVID-19 exposure, recent antibiotic use, and history of infections</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

or colonization with <i>C. difficile</i> or antibiotic-resistant organisms.		
The facility has system for notification of IP coordinator when antibiotic-resistant organisms or <i>C. difficile</i> are reported by clinical laboratory.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility has a written surveillance plan outlining the activities for monitoring/tracking infections occurring in residents of the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility has a system to follow up on clinical information (e.g., laboratory, procedure results, and diagnoses) when residents are transferred to acute care hospitals for management of suspected infections, including sepsis.  <i>Note: Receiving discharge records at the time of readmission is NOT sufficient to answer "yes."</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Disease Reporting</b>		
The facility has a written plan for outbreak response which includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility has a current list of diseases reportable to public health authorities.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility can provide points of contact at the local or state health department for assistance with outbreak response.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<b>5. Hand Hygiene</b>		
<i>Elements to be Assessed</i>	<i>Assessment</i>	<i>Notes</i>
Hand hygiene (HH) policies promote preferential use of alcohol-based hand rub (ABHR) over soap and water in most clinical situations.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<p><i>Note: Soap and water should be used when hands are visibly soiled (e.g., blood, body fluids), and is also preferred after caring for a patient with known or suspected C. difficile or norovirus during an outbreak or if rates of C. difficile infection in the facility are persistently high.</i></p>		
<p>All personnel receive training and competency validation on HH at the time of employment.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>All personnel received training and competency validation on HH within the past 12 months.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>The facility routinely audits (monitors and documents) adherence to HH.</p> <p><i>Note: If yes, the facility should describe auditing process and provide documentation of audits.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>The facility provides feedback to personnel regarding their HH performance.</p> <p><i>Note: If yes, facility should describe feedback process and provide documentation of feedback reports.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>Supplies necessary for adherence to HH (e.g., soap, water, paper towels, alcohol-based hand rub) are readily accessible in resident care areas (i.e., nursing units, resident rooms, therapy rooms).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<b>6. Personal Protective Equipment (PPE)</b>		
<i>Elements to be Assessed</i>	<i>Assessment</i>	<i>Notes</i>
<p>The facility has a policy on Standard Precautions which includes selection and use of PPE (e.g., indications, donning/doffing procedures).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>The facility has a policy on transmission-based precautions that includes the clinical conditions</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

for which specific PPE should be used (e.g., COVID-19, <i>C. difficile</i> , influenza).		
Appropriate personnel receive job-specific training and competency validation on proper use of PPE at the time of employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Appropriate personnel received job-specific training and competency validation on proper use of PPE within the last 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Staff who may need to use N-95 respirators have been fit-tested and trained on proper use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility has a written respiratory protection program.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility routinely audits (monitors and documents) adherence to PPE use (e.g., adherence when indicated, donning/doffing).  <i>Note: If yes, facility should describe auditing process and provide documentation of audits.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility provides feedback to personnel regarding their PPE use.  <i>Note: If yes, facility should describe feedback process and provide documentation of feedback reports.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are readily accessible in resident care areas (i.e., nursing units, therapy rooms).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<b>7. Respiratory Hygiene and Cough Etiquette</b>		
<i>Elements to be Assessed</i>	<i>Assessment</i>	<i>Notes</i>
The facility provides resources for performing hand hygiene near the common areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	<input type="checkbox"/> N/A	
The facility educates family and visitors that they may not visit the facility while they have symptoms of a respiratory infection.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility has signs posted at the entrances instructing visitors with symptoms of a respiratory infection that they may not enter the facility until their symptoms have resolved.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All personnel receive education on the importance of IP measures to contain respiratory secretions to prevent the spread of respiratory pathogens.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

### 8. Antibiotic Stewardship (Nursing Homes Only)

If evaluating a nursing home, please fill out this section. For all non-nursing-home facilities, if the facility does have an antibiotic stewardship program, you may use this section to record information about it. Otherwise, skip to the next section.

<i>Elements to be Assessed</i>	<i>Assessment</i>	<i>Notes</i>
The facility can demonstrate leadership support for efforts to improve antibiotic use (antibiotic stewardship).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility has identified individuals accountable for leading antibiotic stewardship activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility has access to individuals with antibiotic prescribing expertise (e.g., ID trained physician or pharmacist).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility has written policies on antibiotic prescribing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

The facility has implemented practices to improve antibiotic use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>The facility has a report summarizing antibiotic use from pharmacy data created within the last 6 months.</p> <p><i>Note: Report could include number of new starts, types of drugs prescribed, number of days of antibiotic treatment) from the pharmacy on a regular basis.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility has a report summarizing antibiotic resistance (i.e., antibiogram) from the laboratory created within the last 24 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>The facility provides clinical prescribers with feedback about their antibiotic prescribing practices.</p> <p><i>Note: If yes, facility should provide documentation of feedback reports.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility has provided training on antibiotic use (stewardship) to all nursing staff within the last 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility has provided training on antibiotic use (stewardship) to all clinical providers with prescribing privileges within the last 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<b>9. Injection Safety and Point of Care Testing</b>		
<i>Elements to Assess</i>	<i>Assessment</i>	<i>Notes</i>
The facility has a policy on injection safety which includes protocols for performing finger sticks and point of care testing using injectable devices, such as assisted blood glucose monitoring (ABGM).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Personnel who perform point of care testing (e.g., ABGM) receive training and competency	<input type="checkbox"/> Yes <input type="checkbox"/> No	

validation on injection safety procedures at time of employment.  <i>Note: If point of care tests are performed by contract personnel, facility should verify that training is provided by contracting company.</i>	<input type="checkbox"/> N/A	
Personnel who perform point of care testing (e.g., ABGM) received training and competency validation on injection safety procedures within the last 12 months.  <i>Note: If point of care tests are performed by contract personnel, facility should verify that training is provided by contract company.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility routinely audits (monitors and documents) adherence to injection safety procedures during point of care testing (e.g., ABGM).  <i>Note: If yes, facility should describe auditing process and provide documentation of audits.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility provides feedback to personnel regarding their adherence to injection safety procedures during point of care testing (e.g., ABGM).  <i>Note: If yes, facility should describe feedback process and provide documentation of feedback reports.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Supplies necessary for adherence to safe injection practices (e.g., single-use, auto-disabling lancets, sharps containers) are readily accessible in resident care areas (i.e., nursing units).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The facility has policies and procedures to track personnel access to controlled substances to prevent narcotics theft/drug diversion.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<b>10. Environmental Cleaning</b>		
<i>Elements to be Assessed</i>	<i>Assessment</i>	<i>Notes</i>

<p>The facility has written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of resident rooms.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>The facility has written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of rooms of residents on contact precautions (e.g., <i>C. difficile</i>).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>The facility has written cleaning/disinfection policies which include cleaning and disinfection of high-touch surfaces in common areas.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>The facility has cleaning/disinfection policies which include handling of equipment shared among residents (e.g., blood pressure cuffs, rehab therapy equipment).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>The facility has policies and procedures to ensure that reusable medical devices (e.g., blood glucose meters, wound care equipment, podiatry equipment, and dental equipment) are cleaned and reprocessed appropriately prior to use on another patient.</p> <p><i>Note: If external consultants (e.g., wound care nurses, dentists, or podiatrists) provide services in the facility, the facility must verify these providers have adequate supplies and space to follow appropriate cleaning/disinfection (reprocessing) procedures to prevent transmission of infectious agents.</i></p> <p><i>Note: Select "N/A" for the following:</i></p> <ol style="list-style-type: none"> <li><i>1. All medical devices are single use only or dedicated to individual residents</i></li> <li><i>2. No procedures involving medical devices are performed in the facility by staff or external consultants</i></li> <li><i>3. External consultants providing services which involve medical devices have adequate supplies that no devices are shared on-site and all reprocessing is performed off-site.</i></li> </ol>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>Appropriate personnel receive job-specific training and competency validation on cleaning</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<p>and disinfection procedures at time of employment.</p> <p><i>Note: If environmental services are performed by contract staff, facility should verify that training is provided by contracting company.</i></p>		
<p>Appropriate personnel received job-specific training and competency validation on cleaning and disinfection procedures within the past 12 months.</p> <p><i>Note: If environmental services are performed by contract personnel, facility should verify that training is provided by contracting company.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>The facility routinely audits (monitors and documents) quality of cleaning and disinfection procedures.</p> <p><i>Note: If yes, facility should describe auditing process and provide documentation of audits.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>The facility provides feedback to personnel regarding the quality of cleaning and disinfection procedures.</p> <p><i>Note: If yes, facility should describe feedback process and provide documentation of feedback reports.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>Supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered products labeled as effective against <i>C. difficile</i>, COVID-19, and norovirus) are available.</p> <p><i>Note: If environmental services are performed by contract personnel, facility should verify that appropriate EPA-registered products are provided by contracting company.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

## 11. Outbreak Management

If the facility is currently in outbreak status, please fill out this section of the ICAR tool. If the facility does not have an outbreak, you may skip to the next section.

<p>What is the outbreak disease?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> COVID-19</li> <li><input type="checkbox"/> Influenza</li> <li><input type="checkbox"/> Norovirus</li> <li><input type="checkbox"/> <i>C. difficile</i></li> <li><input type="checkbox"/> CRE or other MDRO</li> <li><input type="checkbox"/> Group A Strep</li> <li><input type="checkbox"/> Legionella</li> <li><input type="checkbox"/> Scabies</li> <li><input type="checkbox"/> Other (please specify): _____</li> </ul>
<p>Check off the control measures that the facility has implemented.</p> <p><i>Note: These control measures may not be required for every outbreak. Facilities should follow guidance from the LHD about what control measures are needed for their specific situation.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Screening for cases</li> <li><input type="checkbox"/> Implemented transmission-based precautions</li> <li><input type="checkbox"/> Halted admissions</li> <li><input type="checkbox"/> Halted group dining and communal activities</li> <li><input type="checkbox"/> Halted visitation</li> <li><input type="checkbox"/> Visitation occurring, but visitors are educated about the outbreak and instructed to adhere to transmission-based precautions</li> <li><input type="checkbox"/> Sick residents are housed together in a wing/area</li> <li><input type="checkbox"/> Staff are cohorted so certain staff exclusively care for patients with the outbreak disease</li> <li><input type="checkbox"/> Vaccine or post-exposure prophylaxis administered</li> <li><input type="checkbox"/> None of the above</li> </ul>
<p>Notes about outbreak and control measures (optional)</p>	

<i>Elements to be Assessed</i>	<i>Assessment</i>	<i>Notes</i>
<p>The facility has notified the LHD of the outbreak.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> N/A</li> </ul>	
<p>The facility is following all screening/testing recommendations from the LHD.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> N/A</li> </ul>	

The facility is following all infection control recommendations from the LHD.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Cases are in private rooms or housed with other people with the same diagnosis.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Close contacts are being appropriately screened, quarantined, and/or monitored as recommended by the LHD.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Transmission-based precautions signs are posted on the patient's door for all cases.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All staff, including environmental services and non-clinical staff, are following appropriate transmission-based precautions when entering a case's room.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All staff, including contracted and non-clinical staff, are aware of the outbreak and have received education about what precautions they need to take.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

## 12. Hand Hygiene and Transmission-Based Precautions Observation

### Observation 1

Staff type	<input type="checkbox"/> Nurse <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Nursing assistant <input type="checkbox"/> Physician	<input type="checkbox"/> Physician's assistant <input type="checkbox"/> Rehab staff <input type="checkbox"/> Dietary staff <input type="checkbox"/> Environmental services	<input type="checkbox"/> Social worker <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
Type of opportunity	<input type="checkbox"/> Room entry <input type="checkbox"/> Room exit <input type="checkbox"/> Before resident contact <input type="checkbox"/> After resident contact	<input type="checkbox"/> Before glove <input type="checkbox"/> After glove <input type="checkbox"/> Other: _____	
HH performed?	<input type="checkbox"/> Yes, alcohol-based hand rub	<input type="checkbox"/> Yes, washed hands	<input type="checkbox"/> No
HH performed correctly? <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PPE indicated (check all that apply)	<input type="checkbox"/> Gown <input type="checkbox"/> Glove <input type="checkbox"/> Surgical mask	<input type="checkbox"/> N-95 respirator <input type="checkbox"/> Eye protection <input type="checkbox"/> None	
PPE used (check all that apply)	<input type="checkbox"/> Gown <input type="checkbox"/> Glove <input type="checkbox"/> Surgical mask	<input type="checkbox"/> N-95 respirator <input type="checkbox"/> Eye protection <input type="checkbox"/> None	
PPE used correctly? <sup>2</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### Observation 2

Staff type	<input type="checkbox"/> Nurse <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Nursing assistant <input type="checkbox"/> Physician	<input type="checkbox"/> Physician's assistant <input type="checkbox"/> Rehab staff <input type="checkbox"/> Dietary staff <input type="checkbox"/> Environmental services	<input type="checkbox"/> Social worker <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
Type of opportunity	<input type="checkbox"/> Room entry <input type="checkbox"/> Room exit <input type="checkbox"/> Before resident contact <input type="checkbox"/> After resident contact	<input type="checkbox"/> Before glove <input type="checkbox"/> After glove <input type="checkbox"/> Other: _____	
HH performed?	<input type="checkbox"/> Yes, alcohol-based hand rub	<input type="checkbox"/> Yes, washed hands	<input type="checkbox"/> No
HH performed correctly? <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PPE indicated (check all that apply)	<input type="checkbox"/> Gown <input type="checkbox"/> Glove <input type="checkbox"/> Surgical mask	<input type="checkbox"/> N-95 respirator <input type="checkbox"/> Eye protection <input type="checkbox"/> None	
PPE used (check all that apply)	<input type="checkbox"/> Gown <input type="checkbox"/> Glove <input type="checkbox"/> Surgical mask	<input type="checkbox"/> N-95 respirator <input type="checkbox"/> Eye protection <input type="checkbox"/> None	
PPE used correctly? <sup>2</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Observation 3</b>			
Staff type	<input type="checkbox"/> Nurse <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Nursing assistant <input type="checkbox"/> Physician	<input type="checkbox"/> Physician's assistant <input type="checkbox"/> Rehab staff <input type="checkbox"/> Dietary staff <input type="checkbox"/> Environmental services	<input type="checkbox"/> Social worker <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
Type of opportunity	<input type="checkbox"/> Room entry <input type="checkbox"/> Room exit <input type="checkbox"/> Before resident contact <input type="checkbox"/> After resident contact	<input type="checkbox"/> Before glove <input type="checkbox"/> After glove <input type="checkbox"/> Other: _____	
HH performed?	<input type="checkbox"/> Yes, alcohol-based hand rub	<input type="checkbox"/> Yes, washed hands	<input type="checkbox"/> No
HH performed correctly? <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PPE indicated (check all that apply)	<input type="checkbox"/> Gown <input type="checkbox"/> Glove <input type="checkbox"/> Surgical mask	<input type="checkbox"/> N-95 respirator <input type="checkbox"/> Eye protection <input type="checkbox"/> None	
PPE used (check all that apply)	<input type="checkbox"/> Gown <input type="checkbox"/> Glove <input type="checkbox"/> Surgical mask	<input type="checkbox"/> N-95 respirator <input type="checkbox"/> Eye protection <input type="checkbox"/> None	
PPE used correctly? <sup>2</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Observation 4</b>			
Staff type	<input type="checkbox"/> Nurse <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Nursing assistant <input type="checkbox"/> Physician	<input type="checkbox"/> Physician's assistant <input type="checkbox"/> Rehab staff <input type="checkbox"/> Dietary staff <input type="checkbox"/> Environmental services	<input type="checkbox"/> Social worker <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
Type of opportunity	<input type="checkbox"/> Room entry <input type="checkbox"/> Room exit <input type="checkbox"/> Before resident contact <input type="checkbox"/> After resident contact	<input type="checkbox"/> Before glove <input type="checkbox"/> After glove <input type="checkbox"/> Other: _____	
HH performed?	<input type="checkbox"/> Yes, alcohol-based hand rub	<input type="checkbox"/> Yes, washed hands	<input type="checkbox"/> No
HH performed correctly? <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PPE indicated (check all that apply)	<input type="checkbox"/> Gown <input type="checkbox"/> Glove <input type="checkbox"/> Surgical mask	<input type="checkbox"/> N-95 respirator <input type="checkbox"/> Eye protection <input type="checkbox"/> None	
PPE used (check all that apply)	<input type="checkbox"/> Gown <input type="checkbox"/> Glove <input type="checkbox"/> Surgical mask	<input type="checkbox"/> N-95 respirator <input type="checkbox"/> Eye protection <input type="checkbox"/> None	
PPE used correctly? <sup>2</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Observation 5			
Staff type	<input type="checkbox"/> Nurse <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Nursing assistant <input type="checkbox"/> Physician	<input type="checkbox"/> Physician's assistant <input type="checkbox"/> Rehab staff <input type="checkbox"/> Dietary staff <input type="checkbox"/> Environmental services	<input type="checkbox"/> Social worker <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
Type of opportunity	<input type="checkbox"/> Room entry <input type="checkbox"/> Room exit <input type="checkbox"/> Before resident contact <input type="checkbox"/> After resident contact	<input type="checkbox"/> Before glove <input type="checkbox"/> After glove <input type="checkbox"/> Other: _____	
HH performed?	<input type="checkbox"/> Yes, alcohol-based hand rub	<input type="checkbox"/> Yes, washed hands	<input type="checkbox"/> No
HH performed correctly? <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PPE indicated (check all that apply)	<input type="checkbox"/> Gown <input type="checkbox"/> Glove <input type="checkbox"/> Surgical mask	<input type="checkbox"/> N-95 respirator <input type="checkbox"/> Eye protection <input type="checkbox"/> None	
PPE used (check all that apply)	<input type="checkbox"/> Gown <input type="checkbox"/> Glove <input type="checkbox"/> Surgical mask	<input type="checkbox"/> N-95 respirator <input type="checkbox"/> Eye protection <input type="checkbox"/> None	
PPE used correctly? <sup>2</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Correct hand hygiene procedure includes assuring contact with all hand surfaces and occurring for at least 20 seconds.
2. Correct PPE use includes using the correct technique to don/doff PPE and donning/doffing PPE in the correct sequence.

Notes:

### 13. Assisted Blood Glucose Monitoring Observation

Please complete as many observations as is appropriate for the situation at the facility; you do not need to complete every observation. Skip this section if the facility does not have any patients that require ABGM.

Observation	HH performed	Clean gloves worn	Single-use lancet used	Testing meter cleaned and disinfected	Gloves removed	Hand hygiene performed
1	<input type="checkbox"/> Yes <input type="checkbox"/> No					
2	<input type="checkbox"/> Yes <input type="checkbox"/> No					
3	<input type="checkbox"/> Yes <input type="checkbox"/> No					
4	<input type="checkbox"/> Yes <input type="checkbox"/> No					
5	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Lancet holder devices (e.g., lancet penlets) are not appropriate for multi-patient use.

If manufacturer does not provide instructions for cleaning and disinfection, the testing meter should not be used for more than one patient.

Testing meters that are dedicated to an individual resident should still be cleaned and disinfected after use.

Gloves should be changed and hand hygiene should be performed before moving on to the next resident.

Notes:

#### 14. Indwelling Urinary Catheter (IUC) Observation

Please complete as many observations as is appropriate for the situation at the facility; you do not need to complete every observation. Skip this section if the facility does not have any patients with IUCs.

Observation	Need for IUC assessed regularly	HH before & after handling IUC	Clean gloves donned before & doffed after handling IUC	Bag < 2/3 full	Bag below bladder	Flow not blocked	Device secured properly	Bag emptied properly	Specimen collected properly
1	<input type="checkbox"/> Yes <input type="checkbox"/> No								
2	<input type="checkbox"/> Yes <input type="checkbox"/> No								
3	<input type="checkbox"/> Yes <input type="checkbox"/> No								
4	<input type="checkbox"/> Yes <input type="checkbox"/> No								
5	<input type="checkbox"/> Yes <input type="checkbox"/> No								

Ongoing need for IUC should be regularly assessed for appropriateness, and indication is documented in medical records.

Proper bag emptying procedure: Clean container is used to catch urine and spigot does not come into contact with container; additional PPE (e.g., face shield, gown) should be worn per facility policy to prevent body fluid exposure.

Proper specimen collection procedure: HH performed and clean gloves worn to manipulate IUC sample collection port; port is cleaned with alcohol prior to access; specimen is collected using blunt syringe, leur lock syringe, or 10 cc syringe; specimen not obtained from collection bag.

Notes:

### 15. Central Venous Catheter (CVC) Observation

Please complete as many observations as is appropriate for the situation at the facility; you do not need to complete every observation. Skip this section if the facility does not have any patients with CVCs.

Observation	Need for CVC assessed regularly	Maintained regularly	Dressing clean, intact, dry, and dated	HH before & after handling CVC	Clean gloves donned before & doffed after handling CVC	Aseptic technique used	CVC hub scrubbed and let dry	Unused ports are capped	Accessed with sterile devices only
1	<input type="checkbox"/> Yes <input type="checkbox"/> No								
2	<input type="checkbox"/> Yes <input type="checkbox"/> No								
3	<input type="checkbox"/> Yes <input type="checkbox"/> No								
4	<input type="checkbox"/> Yes <input type="checkbox"/> No								
5	<input type="checkbox"/> Yes <input type="checkbox"/> No								

Appropriate maintenance should include documentation of the following in the medical record: date and site of insertion, assessment of ongoing need for CVC, and frequency of dressing changes and replacement of system components (e.g., catheter tubing, connectors) per facility policy.

Dressing should be labeled with date changed and should be within timeframe for routine dressing changes specified by facility.

Procedure for “Scrub the Hub”: Hub is handled aseptically (i.e., ensuring hub does not touch anything non-sterile) while port cap is removed and discarded; Appropriate antiseptic pad is used to scrub end and sides (threads) of hub, thoroughly applying friction for 10-15 seconds; Catheter line is disinfected several centimeters toward resident’s body using same antiseptic pad to apply friction; Hub is left uncapped for the shortest time possible.

Notes:

#### 14. Wound Dressing Change Observation

Please complete as many observations as is appropriate for the situation at the facility; you do not need to complete every observation. Skip this section if the facility does not have any patients that require wound care.

Observation	Supplies gathered before starting <sup>1</sup>	HH before & after dressing change	Clean gloves donned before & doffed after dressing change	Multi-dose meds used correctly <sup>2</sup>	Cross-contamination prevented <sup>3</sup>	Reusable equipment cleaned & disinfected correctly <sup>4</sup>	Clean, unused supplies discarded or dedicated to resident	Wound assessed regularly <sup>5</sup>	Supply cart is clean <sup>6</sup>
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					

1. Dedicated wound dressing change supplies and equipment should be gathered and accessible on a clean surface at resident's bedside before starting procedure.

2. Multi-dose wound care medications (e.g., ointments, creams) should be dedicated to a single resident whenever possible or a small amount of medication should be aliquoted into clean container for single-resident use. Meds should be stored in centralized location and never enter a resident treatment area.

3. To prevent cross-contamination: Gloves should be changed and HH performed when moving from dirty to clean activities (e.g., after removal of soiled dressings, before handling clean supplies); Debridement or irrigation should be performed in a way to minimize cross-contamination of surrounding surfaces from aerosolized

irrigation solution; All soiled dressings should be discarded immediately.

4. In addition to reusable medical equipment, any surface in the resident's immediate area contaminated during a dressing change should be cleaned and disinfected.

5. Wound care should be documented in medical record and documentation should include wound characteristics (e.g., size, stage), dressing assessment (e.g., clean, dry), and date and frequency of dressing changes.

6. Wound care supply cart should never enter the resident's immediate care area nor be accessed while wearing gloves or without performing HH first.