

Michelle McDonald, RN, MPH, CJCP, Executive Director,
Government Regulations & Advisory Services, Joint Commission
Resources

Kathryn E. Spates, JD, ACNP-

COVID-19 Focused Infection Control Survey for Acute & Continuing Care

May 2020




Background

- On Friday, March 13, 2020, the President declared a national emergency 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.
- CMS created infection control survey tool to help with infection control surveys.



COVID-19 Focused Infection Control Survey

CMS (C) Survey Activity	CMS (C) Survey Activity	Priority 1-5
If the survey team plans to enter a facility with a self-assessment tool. Priority areas for self-assessment	If the survey team identifies an area as COVID-19 priority, the survey team should contact their State Survey Agency (SA), the state health department, and CMS	States should utilize the COVID-19 Focused Infection Control Survey. Survey teams should contact their SA, the state health department, and CMS Regional Location for



COVID-19 Focused Infection Control Survey Tool: Acute & Continuing Care

- This infection tool provides a focused review of the critical elements associated with the transmission of COVID-19.
- Facilities are expected to be in compliance with CMS guidance that is in effect at the time of the survey.
- Content within this tool may be generally applied to any setting.



Entering the Facility/Triage/Registration:

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?



Entering the Facility/Triage/Registration:

Upon entering the facility:

—



—

Entering the Facility/Triage/Registration:

Visitation:

- Facilities should limit visitation.
- Are facilities actively screening visitors?
- What is your current screening criteria?
- For permitted visitors, are they instructed to frequently perform hand hygiene; limit their interactions with others



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 patient medical equipment (i.e., cleaning and



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 patient;
- After contact with blood, body fluids, or visibly contaminated surfaces;
- After removing personal protective equipment; and
- Before performing a procedure such as an aseptic task?

Surveyors will interview appropriate staff to determine if hand hygiene supplies are readily available.





Personal Protective Equipment Cont.

- 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?
- Surveyors will Interview appropriate staff to determine if PPE is available, accessible and used by staff.



Aerosol Generating Procedures

Aerosol . Generating Procedures:

Appropriate mouth, nose, clothing, gloves, and eye protection 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;



Aerosol Generating Procedures Cont.

Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing. 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 Cont.:

- AGPs 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 procedure room surfaces promptly as and with appropriate disinfectant.





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?
- Notify local 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.



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.
- Can appropriate staff (e.g., nursing and leadership) 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.



Education, Monitoring, and Screening of Staff

- Is there evidence the provider has educated staff on COVID-19?

-



Emergency Preparedness - Staffing in Emergencies

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



Considerations Specifically for Hospitals and CAHs

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)?
- Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national, state, or local public health authority recommendations?



Considerations Specifically for Hospitals and CAHs

Environmental Cleaning

- During environmental cleaning procedures, personnel wear appropriate PPE to prevent exposure to infectious agents or chemicals?
- Environmental surfaces in patient care areas are cleaned and disinfected, using an EPA-registered disinfectant on a regular basis, when spills occur and when surfaces are visibly contaminated;



Considerations Specifically for Hospitals and CAHs

Environmental Cleaning cont.

- Cleaners and disinfectants, including disposable wipes, are used in accordance with the manufacturer's instructions and the hospital's policies and procedures.
- The hospital decontaminates spills of blood or other body fluids according to its policies and procedures, using appropriate EPA-registered hospital disinfectants?



Additional Considerations Specifically for Dialysis Facility Surveys

Hand Hygiene Considerations

- Perform handwashing with soap & water at dedicated handwashing sinks if hands visibly soiled (see h



Additional Considerations Specifically for Dialysis Facility Surveys

Cleaning & Disinfection Considerations

- Items taken to dialysis station must be either disposed of, dedicated for use on a single patient or cleaned & disinfected before being taken to a common clean area or used on another patient
- Use proper aseptic technique during vascular access care, medication preparation administration
- Proper cleaning & disinfection of dialysis station including dialysis machine, chair, prime waste receptacle, reusable acid & bicarbonate containers after previous patient fully vacates station.



Additional Considerations Specifically for Dialysis Facility Surveys

Cleaning & Disinfection Considerations cont.

- Clean areas should be clearly designated for preparation, handling & storage of medications & unused supplies equipment.
- Clean areas clearly separated from contaminated areas where used supplies & equipment are handled.
- Proper disposal of bio-hazard waste
- Isolation Considerations
 - Ensure dedicated machines, equipment, instruments, supplies, & medications that will not be used to care for non-isolation patients.



