|  |  |  |
| --- | --- | --- |
| **Facility Name:**  | **Date:** Click or tap to enter a date.  | **Person(s) Completing Form:**  |

**Instructions**

1. Click on the triangles to expand each of the sections. Links to current recommendations are included in each section.
2. An action planning/tracking grid is available on the last page to track status of opportunities for improvement.

**Please feel free to reach out to** MECDC.HAI@maine.gov **with questions or assistance.**

# **Screening**

[ ] HCW & Visitors are actively screened prior to entry to facility

[ ] Results reviewed prior to entry?

[ ] Facility has defined process to assess when HCW or visitors’ symptoms screen “positive”

[ ] Facility has a process to assess HCW when they state the symptoms are a part of their baseline

**Guidance**:

* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
* <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

# **Exposure Investigation & Actions**

[ ] Facility has an exposure investigation process to identify close contacts of a positive HCW or Resident

[ ] Facility uses either “Close Contact” or “Alternative Approach” for close contact identification and testing

[ ] Facility uses the 6-15 rule (*regardless of PPE worn*) for determination of close contact criteria of Residents

[ ] Residents identified as a close contact are placed on quarantine (transmission-based precautions) for 14 days unless they meet exemption criteria per Federal CDC.

[ ] Facility uses the CDC HCW Exposure risk assessment guidance for HCW close contact determination and if work restriction is applicable.

[ ] HCW identified as a close contact who required work restriction are restricted for 14 days

[ ] Facility has a process to risk assess and implement mitigations if deemed necessary to safely/appropriately return a HCW who was *work restricted/quarantined/isolated* to work.

**Guidance**:

* <https://www.maine.gov/dhhs/mecdc/infectious-disease/hai/resources.shtml>
* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
* <https://www.maine.gov/dhhs/dlc>

# **Personal Protective Equipment Practices & Air Exchange Practices**

[ ] Staff are fit-tested to the make/model of each N95 they are using

[ ] Facility is striving to utilize **Conventional Capacity** for PPE (*e.g., Gowns & N95s*)

[ ] If Extended-Use/Limited-Reuse (i.e., either **Contingency** or **Crisis Capacity**) it is due to review of current supply

[ ] If Extended-Use is utilized the N95s are discarded when they are removed, contaminated with blood, respiratory or nasal secretions, or other bodily fluids and/or if structural integrity is compromised. *See guidance for full recommendations*.

[ ] If utilizing Limited-Reuse for PPE current guidelines are followed for use such as directional flow, removal/discarding of gowns, storage of N95s, maximum donning of N95s (5 times), seal checks, etc. *See guidance for full recommendations*.

[ ] Facility is following current **Aerosol Generating Procedures (AGP) practices** for PPE usage and resident placement, which includes higher level PPE based on community transmission.

[ ] Signage is used to notify an AGP in progress and how long room is “closed-shut down / N95 or higher-level respirator is necessary”

[ ] CDC **HICPAC guidelines** for air exchanges/hour utilized to determine how long a room should be shut-down when necessary *(i.e., SARS-CoV-2 quarantined/isolated residents transfer or discharge & AGPs [when applicable]*)

**Guidance**:

* <https://www.maine.gov/dhhs/mecdc/infectious-disease/hai/resources.shtml>
* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control>

# **Care & Environmental Practices**

[ ] Current recommendations are followed when holding communal activities. *See guidance for full recommendations*.

[ ] There been an assessment of facility HVAC for air exchanges (including break areas)

[ ] SARs-CoV-2 suspect and confirmed Residents rooms are cleaned/disinfected daily

[ ] High-touch areas in facility are cleaned/disinfected frequently

[ ] Staff cleaning/disinfecting rooms daily are trained to provide consistent standards (*consider use of checklists/competencies*)

[ ] Staff adhere to wet-times of cleaning/disinfecting agents (*i.e., remain visibly wet for the prescribed time per manufacturer*)

[ ] If commodes are used to separate SARS-CoV-2 suspect/confirmed residents consideration is taken on where they are emptied to prevent cross-contamination of the environment and “sharing” of the bathroom with other residents.

[ ] Facility has dedicated SARS-CoV-2 Units with dedicated staff

[ ] If unable to have dedicated SARS-Cov-2 units, consideration is taken in resident placement to reduce risk as much as possible, especially when cohorting residents.

[ ] If cohorting residents it is done in a way to provide the highest risk mitigation and considers other organisms that may be transmitted between roommates

**Guidance**:

* <https://www.maine.gov/dhhs/mecdc/infectious-disease/hai/resources.shtml>
* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control>

# **Source Control & HCW Interaction**

[ ] Universal source control (*masking*) has been implemented

[ ] Eye protection is worn in addition to source control when indicated by current guidance

[ ] Patients/Residents/Clients are educated of importance of and proper practice of source control, physical distancing, hand hygiene, and other applicable infection prevention practices.

[ ] Facility has reviewed their source control masks to ensure good fit & filtration

[ ] Facility has policies in place that are consistent with current guidelines for when fully-vaccinated staff may remove masks in non-patient/resident care settings. Staff have received education and understands policy.

[ ] Staff adherence to wet-times of cleaning/disinfecting agents

**Guidance**:

* <https://www.maine.gov/dhhs/mecdc/infectious-disease/hai/resources.shtml>
* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631030205033>
* <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

# **Rounding & Auditing**

[ ] Facility performs routine rounding/auditing for compliance with source control & physical distancing

[ ] Facility is performing routine auditing of Proper PPE Usage & Hand Hygiene & other IPC practices

[ ] Facility is auditing PPE practices, including active auditing/observations of Extended/limited re-use practices when implemented

[ ] Facility routinely auditing cleaning/disinfection practices of environmental services and nursing/nursing support staff (*i.e., daily cleaning/disinfection and non-critical/point of care equipment cleaning/disinfection*)

**Guidance/Tools** (note many auditing tools can be found online):

* <https://www.maine.gov/dhhs/mecdc/infectious-disease/hai/resources.shtml>
* <https://www.cdc.gov/infectioncontrol/tools/quots.html>
* <https://www.cdc.gov/infectioncontrol/pdf/icar/ltcf.pdf>
* <https://icap.nebraskamed.com/practice-tools/tools-and-forms/>



*Note: double click on the chart to open editable excel spreadsheet.*

***Definitions:***

* **Aerosol Generating Procedure (AGP):** Some procedures performed on residents are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These aerosol generating procedures (AGPs) potentially put healthcare personnel and others at an increased risk for pathogen exposure and infection. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>
* **Extended-Use / Limited Re-use of PPE:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
* **Fully vaccinated for COVID-19:** 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines; OR 2 weeks after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine
* **Heating, Ventilation, and Air Conditioning (HVAC):**HICPAC guidelines for air clearance - <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>
* **PPE:** personal protective equipment
* **Wet-time**: wet-time (a.k.a. contact time) is the amount of time that a surface being disinfected should remain wet with the disinfectant.