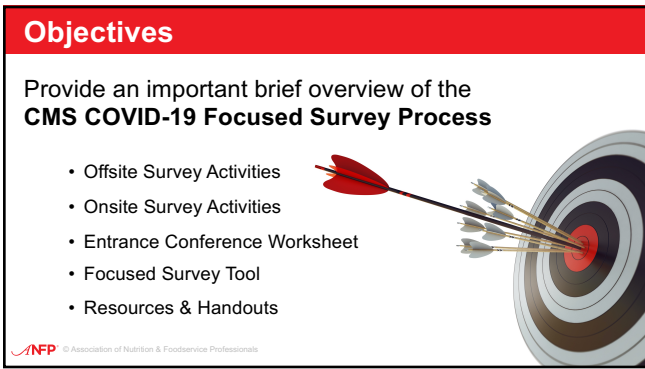
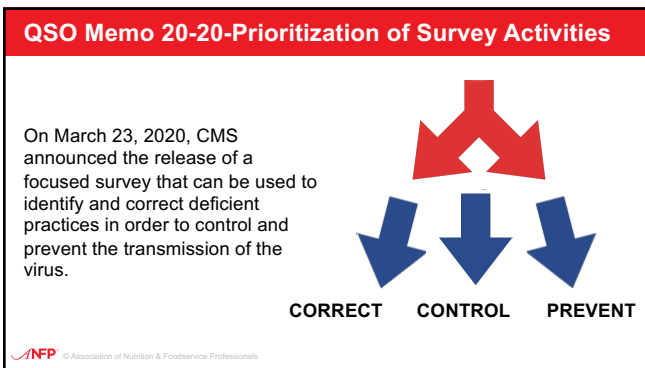


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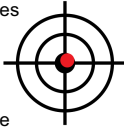
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COVID-19 Focused Survey Protocol

COVID-19 Focused Survey Protocol is to be used in facilities **with** and **without** COVID-19



- The Survey Protocol used to prioritize survey activities, with an emphasis on performing as much offsite as possible, as well as what activities must be performed onsite.
- For facilities without COVID-19, the use of this Survey Protocol and Focused Survey Tool will help identify and correct deficient practices in order to prevent the transmission of the virus.

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COVID-19 Focused Survey Protocol with COVID-19

If a facility has an active COVID-19 case, the survey team will contact their State Agency, State Health Department, and CMS Regional Location to coordinate the survey activities.

Surveyors must be medically cleared & have PPE that could be required onsite.

Offsite preparation includes:

- The review of facility reported information;
- The review of CDC, State/Local Public Health Reports (if available);
- The review of available hospital information regarding residents transferred to the hospital; and
- Complaint allegations




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Summary Table of the COVID-19 Focused Survey for Nursing Homes


HELPS determine CMS's expectations for an infection prevention and control program during the COVID-19 pandemic

Offsite Survey Activity	Onsite Survey Activity	Facility Self-Assessment
<ul style="list-style-type: none"> For facilities with an active COVID-19 case, the survey team should contact their State Survey Agency (SSA), the state health department, and CMS Regional Location to coordinate activities for their facilities. Ensure surveyors are medically cleared, and have personal protective equipment (PPE) that could be required onsite. Conduct offsite planning to limit interruptions to care while onsite. Obtain information on: <ul style="list-style-type: none"> Facility reported information; CDC, state-level public health reports; Available hospital information regarding patients transferred to the hospital, and/or complaint allegations. Review survey activities that will be conducted offsite, such as: <ul style="list-style-type: none"> Medical record review Telephone interviews, such as: <ul style="list-style-type: none"> Surveillance policies First onset of symptoms Communication to facility leaders and health officials Policy/Procedure Review <ul style="list-style-type: none"> Infect Control Plan Emergency Prep. Plan, including continuity strategies (e.g., staffing) Conduct survey and discussion telephonically and draft the CMS-2567 offsite. 	<ul style="list-style-type: none"> Limit the onsite team to one to two surveyors. Identify onsite assignments for activities, such as: <ul style="list-style-type: none"> Resident Care Observations Hand hygiene practices Proper use/donning of PPE Cleaning medical equipment Effective Transmission-Based Precautions Environmental observations Signage at entrances and resident rooms Screening (and/or staff change, entrance) limiting nonessential staff Hand hygiene notices Interviews Policy/Procedure knowledge Surveillance for signs/symptoms Notifying local health officials Adhere to all CDC guidance for infection prevention and control related to COVID-19. Provide the facility with the COVID-19 Entrance Conference worksheet and utilize this to request necessary information. Identify and arrange for interviews that can be done telephonically. Be alert of other immediate jeopardy (IJ) situations that may be present, and investigate appropriately. 	<p>Surveyors should utilize the COVID-19 Focused Survey for Nursing Homes as a self-assessment tool. Priority areas for the self-assessment include all of the following:</p> <ol style="list-style-type: none"> Standard Precautions; <ol style="list-style-type: none"> Hand hygiene Use of PPE Transmission-Based Precautions Resident care (including resident placement) Infection prevention and control standards, policies and procedures Infection surveillance Visitor entry (i.e., screening, restriction, and education) Education, monitoring, and screening of staff; and Emergency preparedness - staffing in emergencies

 = FNS Staff potential involvement (Food & Nutrition Services)

Self-Assess your FNS Department

When asked can you and your staff respond to these items?

 IF NOT, educate, educate, educate!

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COVID-19 Focused Survey Protocol

Is there compliance with:

- F-tag F880, Infection Prevention and Control
- F-tag E0024 Emergency Preparedness for policies and procedures that address staffing during an emergency



Best Practice: Use as your facility's self-assessment

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Critical Elements Associated with the Transmission of COVID-19

These areas include:

- Standard and Transmission-Based Precautions;
- Resident care;
- Infection prevention and control standards, policies and procedures;
- Infection surveillance;
- Visitor entry;
- Education, monitoring, and screening of staff;
- Staffing in emergencies



Best Practice: A facility can use the survey tool as a self-assessment of infection prevention and control practices to prevent the development and transmission of COVID-19.

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COVID-19 Focus Survey Entrance Sheet

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE*

- ☐ 1. Census number
- ☐ 2. An alphabetical list of all residents and room numbers (note any resident out of the facility).
- ☐ 3. A list of residents who are confirmed or presumptive positive for COVID-19.
- ☐ 4. Name of facility staff responsible for Infection Prevention and Control Program.

ENTRANCE CONFERENCE

- ☐ 5. Conduct a brief Entrance Conference with the Administrator.
- ☐ 6. **Signs announcing the survey that are posted in high-visibility areas.**
- ☐ 7. A copy of an updated facility floor plan, if changes have been made.

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COVID-19 Focus Survey Entrance Sheet

INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE*

- ☐ 8. The actual working schedules for licensed and registered nursing staff for the survey time period.
- ☐ 9. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services).
- ☐ 10. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident's medical record. Provide specific information on how surveyors can access the EHR outside of the conference room. Please complete the attached form on page 2 which is titled "Electronic Health Record Information."
- ☐ 11. Explain that the goal is to conduct as much record review offsite as possible to limit potential exposure or transmission. Determine what information can be reviewed offsite, such as electronic medical records (EMRs), or other records and policies/procedures. If offsite review of EMRs is not possible, surveyors will request photocopies (that can be made by surveyors instead of facility staff). If the facility has an electronic health record (EHR) system that may be accessed remotely, request remote access to the EHR to review needed records for a limited period of time. If this is not an option, discuss with the facility the best options to get needed medical record information, such as fax, secure website, encrypted email, etc.
- ☐ 12. Facility Policies and Procedures:
- Infection Prevention and Control Program Policies and Procedures, to include the Surveillance Plan.
 - Emergency Preparedness Policy and Procedure to include Emergency Staffing Strategies
- NOTE- A comprehensive review of policies should be completed offsite.

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COVID-19 Critical Elements



Surveyor(s) reviews for:

- The overall effectiveness of the Infection Prevention and Control Program (IPCP) including IPCP policies and procedures;
- Standard and Transmission-Based Precautions;
- Quality of resident care practices, including those with COVID-19 (laboratory-positive case), if applicable;
- The surveillance plan;
- Visitor entry and facility screening practices;
- Education, monitoring, and screening practices of staff; and
- Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19

who is receiving care at the site. If you believe you may qualify for an exception, please call _____ in _____.

Use the above criteria to determine if you and the site are appropriate for clinical or public health research, etc. For research, see _____.


See also emergency preparedness plan and disaster plan for facility.

For contact information, see the contact information and other information in the survey.

1. STANDARD AND TRANSMISSION-BASED PRECAUTIONS (TBP)

COVID-19 is a new virus that is currently spreading rapidly among people. It is a respiratory virus that spreads through the air. It is important to take steps to prevent the spread of COVID-19. This survey is designed to help you understand the importance of COVID-19 and how to prevent its spread. The survey is designed to help you understand the importance of COVID-19 and how to prevent its spread. The survey is designed to help you understand the importance of COVID-19 and how to prevent its spread.

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COVID-19 Critical Elements

COVID-19 FOCUSED SURVEY FOR NURSING HOMES

GENERAL STANDARD PRECAUTIONS

- ☐ Are staff performing the following appropriately:
- Respiratory hygiene/cough etiquette
 - Environmental cleaning and disinfection, and
 - Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use)?
- HAND HYGIENE**
- ☐ Are staff performing hand hygiene when indicated?
- ☐ If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used by staff for hand hygiene?
- ☐ 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 (e.g., blood, body fluids)?
- ☐ Do staff perform hand hygiene (even if gloves are used) in the following situations:
- Before and after contact with the resident;
 - After contact with blood, body fluids, or visibly contaminated surfaces;
 - After contact with objects and surfaces in the resident's environment;
 - After removing personal protective equipment (e.g., gloves, gown, boots/shoes); 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, and/or dressing care)?
- ☐ When being assisted by staff, is resident hand hygiene performed after toileting and before meals?
- ☐ Interview appropriate staff to determine if hand hygiene supplies (e.g., ABHR, soap, paper towels) are readily available and who they contact for replacement supplies.

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COVID-19 Critical Elements

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- ☐ Determine if staff appropriately use 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 body site to a clean body site during resident care; and
 - An isolation gown is worn for direct resident contact if the resident has uncontained secretions or excretions.
- ☐ Is PPE appropriately removed and discarded after resident care, prior to leaving room (except in the case of extended use of PPE per national/local recommendations), followed by hand hygiene?
- ☐ 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?
- ☐ Interview appropriate staff to determine if PPE is available, accessible and used by staff.
 - Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?
 - Do staff know how to obtain PPE supplies before providing care?
 - Do they know who to contact for replacement supplies?

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COVID-19 Critical Elements

PPE	Standard / Universal Precaution	Transmission-Based Precautions		
		Contact	Droplet	Airborne
Handwashing & Skin integrity				
Gloves	PRN	At all times	PRN	PRN
Gown	PRN	At all times	PRN	PRN
Mask	PRN	PRN	At all times, 3ft	At all times, NPS
Goggles	PRN	PRN	PRN	PRN
Cohort	Yes	Yes	Yes	No
Misc.	Sanitize, Sterilize, & Antimicrobials			Respiratory protection (room CHSE ORANGE OR GLOVES)

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COVID-19 Critical Elements

COVID-19 FOCUSED SURVEY FOR NURSING HOMES

TRANSMISSION-BASED PRECAUTIONS (NOTE: PPE use is based on availability and latest CDC guidance. See n^o 6)

- ☐ Determine if appropriate Transmission-Based Precautions are implemented:
 - For a resident on **Contact Precautions**, staff don gloves and isolation gown before contact with the resident and/or his/her environment;
 - For a resident on **Droplet Precautions**, staff don a facemask within six feet of a resident;
 - For a resident on **Airborne Precautions**, staff don an N95 or higher level respirator prior to room entry of a resident;
 - For a resident with an undiagnosed respiratory infection, staff follow Standard, Contact, and Droplet Precautions (e.g., facemask, gloves, protection when caring for a resident unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis));
 - For a resident with known or suspected COVID-19, staff wear gloves, isolation gown, eye protection, and an N95 or higher level respirator if the resident requires open suctioning of airways should be performed routinely.
- Is signage on the use of specific PPE (for staff) posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide)?
- ☐ 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 residents on Transmission-Based Precautions.

2) If concerns are identified, expand the sample to include more residents on Transmission-Based Precautions.

3) Did staff implement appropriate Standard (e.g., hand hygiene, appropriate use of PPE, environmental cleaning and disinfection, and replacement of reusable resident medical equipment) and Transmission-Based Precautions (if applicable)? (Yes/No/Not Applicable)

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COVID-19 Critical Elements

2. Resident Care

- ☐ If there is sustained community transmission or case(s) of COVID-19 in the facility, is the facility restricting residents (to the extent possible) to their rooms except for medically necessary purposes? If there is a case in the facility, and residents have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (efforts are made to keep them at least 6 feet away from others). If PPE shortage is an issue, facemasks should be limited to residents diagnosed with or having signs/symptoms of respiratory illness or COVID-19.
- ☐ **Has the facility cancelled group outings, group activities, and communal dining?**
- ☐ Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations?

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COVID-19 Critical Elements

COVID-19 FOCUSED SURVEY FOR NURSING HOMES

- ☐ For the resident who develops severe symptoms of illness and requires transfer to a hospital for a higher level of care, did the facility alert emergency medical services and the receiving facility of the resident's diagnosis (suspected or confirmed COVID-19) and precautions to be taken by transferring and receiving staff as well as place a facemask on the resident during transfer (as supply allows)?
- ☐ For residents who need to leave the facility for care (e.g., dialysis, etc.), did the facility notify the transportation and receiving health care team of the resident's suspected or confirmed COVID-19 status?
- ☐ Does the facility have residents who must leave the facility regularly for medically necessary purposes (e.g., residents receiving hemodialysis and chemotherapy) wear a facemask (if available) whenever they leave their room, including for procedures outside of the facility?

2. Did staff provide appropriate resident care? ☐ Yes ☐ No F880

3. IPCP 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?
- ☐ Does the facility's policies or procedures include when to notify local/state public 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.

3. Does the facility have a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19? ☐ Yes ☐ No F880

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COVID-19 Critical Elements

4. Infection Surveillance

- ☐ How many residents and staff in the facility have fever, respiratory signs/symptoms, or other signs/symptoms related to COVID-19?
- ☐ How many residents and staff have been diagnosed with COVID-19 and when was the first case confirmed?
- ☐ How many residents and staff have been tested for COVID-19? What is the protocol for determining when residents and staff should be tested?
- ☐ Has the facility established/implemented a surveillance plan, based on a facility assessment, for identifying (e.g., screening), tracking, monitoring and/or reporting of fever (at a minimum, vital signs are taken per shift), respiratory illness, and/or other signs/symptoms of COVID-19 and immediately isolate anyone who is symptomatic?
- ☐ Does the plan include early detection, management of a potentially infectious, symptomatic resident that may require laboratory testing and/or Transmission-Based Precautions/PPE (the plan may include tracking this information in an infectious disease log)?
- ☐ Does the facility have a process for communicating the diagnosis, treatment, and laboratory test results when transferring a resident to an acute care hospital or other healthcare provider, and obtaining pertinent notes such as discharge summary, lab results, current diagnoses, and infection or multidrug-resistant organism colonization status when residents are transferred back from acute care hospitals?
- ☐ Can appropriate staff (e.g., nursing and unit managers) 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.**

4. Did the facility provide appropriate infection surveillance? ☐ Yes ☐ No F880

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Quick Review

Surveyors will use the Survey Tool to focus on the critical elements associated with the transmission of COVID-19


- Standard and Transmission Based Precautions;
- Quality of Resident Care Practices, including COVID-19;
- IPCP Policies, and Procedures;
- Infection Surveillance Plan;
- Visitor Entry and Facility Screening Practices;
- Education, Monitoring, and Screening Practices of Staff; and
- Policies and Procedures for Staffing Issues in Emergencies.

While the primary focus is COVID-19, surveyors are instructed to investigate any other areas of potential noncompliance where there is likelihood of IJ.

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