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Long-Term Care Infection Prevention Audit

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**Nursing home name:**

**Person Conducting Audit:**

**Date/Time of Audit:**

\* **Health Care Personnel (HCP)** (e.g., physician, agency, vendors, and frontline staff.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Screening Processes/Entrance** | Yes | No | Summary of Observation | Improvement Activities Recommended |
| Does the facility screen all individuals upon entry and HCP according to policy (most updated guidance from CDC and public health)? |  |  |  |  |
| Is there a screener present or a process for in person assessment if needed? |  |  |  |  |
| Are HCP screened more than once/shift?  How is the frequency of screening determined? |  |  |  |  |
| Are there multiple entrances into the building being used? If so, is there screening stations available to be completed at each entry point. (List # of entrances) |  |  |  |  |
| Are signs posted at the entrance to the facility advising visitors to check-in with the front desk to be assessed for symptoms prior to entry? |  |  |  |  |
| At the time of screening, is hand sanitizer and PPE (masks) available at the entrance? |  |  |  |  |
| Do individuals perform hand hygiene? |  |  |  |  |
| Do individuals don a mask when entering the facility? |  |  |  |  |
| Are seats and lobby furniture modified to maintain social distancing of 6 feet, where possible*?* (Transparent shields or arrange chairs or other areas by turning, draping, spacing, or removing chairs to maintain social distancing.)  What is used to clean the cushions, chairs, and couches in the common areas? How often (after each use)? |  |  |  |  |

## Hand Hygiene

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hand Hygiene** | Yes | No | Summary of Observation | Improvement Activities Recommended |
| Are signs promoting hand hygiene (HH) prominently displayed throughout facility? |  |  |  |  |
| Are soap dispensers and paper towels accessible, filled, and operating correctly? |  |  |  |  |
| Has the fire department assessed your ABHR safety? |  |  |  |  |
| Is there a process for ensuringthese are filled routinely to assure availability when needed? |  |  |  |  |
| Are Alcohol dispensers filled, and currently accessible and working properly? |  |  |  |  |
| Are pocket sanitizers utilized? If so, what is the process for re-filling/stocking? |  |  |  |  |
| Are HCP able to demonstrate competency with hand hygiene (HH)? What is the process to monitor compliance? |  |  |  |  |
| Can HCP explain competency with hand hygiene (HH)? |  |  |  |  |
| Can HCP demonstrate competency with hand hygiene (HH)? |  |  |  |  |
| Sinks are readily accessible and functioning in in resident rooms  Include:   * Handwashing supplies available * Area is dry and clean   Resident personal care items are not on the sink within a splash zone or sharing same space as roommates |  |  |  |  |
|  |  |  |  |  |

## PPE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PPE** | Yes | No | Summary of Observation | Improvement Activities Recommended |
| Are adequate PPE supplies present? |  |  |  |  |
| Is there an adequate supply if PPE? What strategies are used for optimizing Personal Protective Equipment (PPE) Supplies? |  |  |  |  |
| Can HCP demonstrate competency with donning and doffing PPE? |  |  |  |  |
| Staff can explain competency with donning/doffing PPE |  |  |  |  |
| Is there an auditing tool used to monitor adherence? |  |  |  |  |
| Do you have an established frequency for monitoring PPE adherence? |  |  |  |  |
| All staff are visually seen wearing their PPE correctly while on the tour.  (e.g., masks are not below the nose and goggles are worn per NH policy) |  |  |  |  |
| Are staff offering/encouraging residents to perform hand hygiene at appropriate times? Are staff providing reminders for mask compliance for residents? |  |  |  |  |

## Environmental Services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Environmental Services** | Yes | No | Summary of Observation | Improvement Activities Recommended |
| Are [EPA registered hospital disinfectants](https://www.epa.gov/coronavirus/disinfectant-use-and-coronavirus-covid-19) or [CDC acceptable alternatives](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html) to allow for necessary for appropriate cleaning and disinfecting of high touch surfaces and shared resident care equipment accessible to staff? |  |  |  |  |
| Do staff know which products to use for disinfecting? |  |  |  |  |
| Can staff identify contact/kill time? |  |  |  |  |
| Is there a process for monitoring contact/kill time of cleaning products? |  |  |  |  |
| Can housekeeping describe the daily cleaning process of a resident room? |  |  |  |  |
| Do you have a terminal cleaning process? |  |  |  |  |
| How often mop heads or flat mop cloths are changed? |  |  |  |  |
| Is there a process for cleaning/shampooing carpets? |  |  |  |  |
| Is there a process for cleaning chairs that are cloth fabric? |  |  |  |  |
| How often are the cleaned/shampooed? |  |  |  |  |
| Are the filters used in vacuums HEPA compliant? |  |  |  |  |
| Do any of the facility’s cleaning or disinfecting agents require additional preparation prior to use?  (i.e., mixing with other chemicals, diluting with water, mixing location, labeling, PPE needed) |  |  |  |  |
| Do you have scheduled education on cleaning and contact/kill times? |  |  |  |  |
| Do you complete environmental service cleaning audits? |  |  |  |  |
| Are exhaust fans in bathrooms function properly and cleaned routinely? |  |  |  |  |
| Are high touch surfaces cleaned routinely? (Handrails, light switches, doorbells, key pads, resident wheelchair handles and wheel ring, etc.) |  |  |  |  |
| Are items cleaned after each use – (Kiosks, keyboards, phones, time clock, resident lifts, etc.) |  |  |  |  |
| Are audits completed to monitor adherence to environmental cleaning process? |  |  |  |  |

## Therapy/Activities/Shower & Tub/Hopper/OTHER

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Therapy/Activities/Shower &Tub/Hopper/OTHER** | Yes | No | Summary of Observation | Improvement Activities Recommended |
| Can therapy services confirm a process for social distancing during sessions and cleaning equipment after use? |  |  |  |  |
| Are cleaning supplies available for therapy services? |  |  |  |  |
| Does the Tub/shower room look clean and uncluttered? |  |  |  |  |
| Is there a process to monitor and ensure adherence of Tub/shower room cleaning practices? |  |  |  |  |
| Is the soiled utility room (hopper) clean and uncluttered? |  |  |  |  |
| Are Clean and sterile supplies and equipment are stored appropriately and separated from contaminated areas? (clean supply/soiled utility room, etc.) |  |  |  |  |
| Are trash bins available and not overflowing in the soiled utility room? |  |  |  |  |
| Does facility have a process for managing dirty to clean contamination? |  |  |  |  |
| Is there a sink or ABHR available in the soiled utility (hopper room)? |  |  |  |  |
| Are cleaning products available for use in the hopper room when needed or if contamination has occurred? |  |  |  |  |
| Is hand hygiene signage displayed in the hopper room? |  |  |  |  |
| Is there a process for offering hand hygiene before and after any activity for group settings? |  |  |  |  |
| Is social distancing of HCP being encouraged?  (e.g., Breaks are scheduled, seating in breakrooms or meetings are limited, audits of breakrooms to ensure compliance, physical distance isn’t encouraged, unknown) |  |  |  |  |
| Is social distancing encouraged in common areas? |  |  |  |  |
| Is there signage visible for social distancing and hand hygiene? |  |  |  |  |

## Visitors/Resident Passes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Visitors/Resident Passes** | Yes | No | Summary of Observation | Improvement Activities Recommended |
| Do visitors, vendors, and contractors always wear source control? |  |  |  |  |
| Is updated information about visitation provided to families of residents according to CDC and public health guidelines? |  |  |  |  |
| Is visitor adherence to IP practices monitored? |  |  |  |  |
| Are families provided with education before taking resident outside of facility? |  |  |  |  |

## COVID positive/Observation units

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COVID positive / Observation units** | Yes | No | Summary of Observation | Improvement Activities Recommended |
| Does your cohorting plan meet the most recent CDC and/or public health guidance? |  |  |  |  |
| Do you have a plan to quickly open a COVID-19 unit within the specified CDC and Public Health time frame when a positive case is detected? |  |  |  |  |
| Is Vital sign/reusable equipment (e.g., blood glucose monitor) designated to the unit and not used by general population? |  |  |  |  |
| Is equipment sanitized between each use? |  |  |  |  |
| Arethere designated staff/housekeeping to the COVID positive or those under observation units? |  |  |  |  |
| Are there signs, promoting hand hygiene displayed prominently in the area? |  |  |  |  |
| Are sinks readily accessible and functioning in resident rooms? |  |  |  |  |
| Is there signage at entrance to COVID unit and/or resident room door on isolation prompting to don PPE or see a nurse for instruction before entering? |  |  |  |  |
| Is the Necessary PPE immediately available outside of the resident room when there are units with separate cohorted spaces for both COVID-19 positive and negative residents or in the corridor near rooms in dedicated COVID-19 units and in other areas where resident care is provided? |  |  |  |  |
| Do staff discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room when there are units with separate cohorted spaces for both COVID 19 positive and negative residents? |  |  |  |  |
| Are there signs posted demonstrating the proper PPE process for donning and doffing? |  |  |  |  |
| Is PPE donning and doffing occurring in separate areas? |  |  |  |  |
| Are PPE supplies outside resident room in bin? |  |  |  |  |
| Is there a trash can on opposite side of door or immediately inside of resident room? |  |  |  |  |
| Are HCPscompliant with universal use of all PPE for care of all residents, in line with the most recent CDC and Public Health PPE guidance as evidenced by observations or audit checks? |  |  |  |  |
| Are HCP fit tested for the respirator they are using? |  |  |  |  |
| Is there a process for cleaning rooms in the COVID-19 unit to prevent contamination to the general population? |  |  |  |  |
| Are EPA cleaning products used with the correct contact/kill times |  |  |  |  |
| Is PPE/HH performedcorrectly during the cleaning process? |  |  |  |  |
| Is there a process for monitoring adherence to PPE/HH during the cleaning process? |  |  |  |  |
| Are there designated/dedicated staff? |  |  |  |  |
| If unable to have dedicated Environmental Services Staff, is the COVID-19 unit cleaned last in the daily routines? |  |  |  |  |

## Dining Room – Communal dining

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dining Room – Communal dining** | Yes | No | Summary of Observation | Improvement Activities Recommended |
| Is social distancing maintained in the dining room? |  |  |  |  |
| Is hand hygiene readily available? (e.g., ABHRs, sinks with soap and water) |  |  |  |  |
| Is hand hygiene signage displayed? |  |  |  |  |
| Are residents being offered hand hygiene before and after meals? |  |  |  |  |
| Are PPE source control practices adhered in the dining room? |  |  |  |  |

## Staff Break Rooms

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Break Rooms** | Yes | No | Summary of Observation | Improvement Activities Recommended |
| Are seats, furniture, and workstations are modified to maintain social distancing of 6 feet between employees? (Transparent shields or arrange chairs or other areas by turning, draping, spacing, or removing chairs to maintain social distancing.) |  |  |  |  |
| Is there signage posted limiting number of staff in breakroom at one time? |  |  |  |  |
| Are staff observed in break areas are maintaining 6ft separation? |  |  |  |  |
| Is there use of signs, tape marks, or other visual cues such as decals or colored tape on the floor, placed 6 feet apart, to show where to stand when physical barriers are not possible? |  |  |  |  |
| Is hand hygiene signage displayed in the staff break room? |  |  |  |  |
| Is there a process for cleaning high-touch communal items, such as coffee pots and bulk snacks, vending machines, fridge, microwave, etc. to assure cleaning is completed after individual use? |  |  |  |  |
| Are Cleaning wipes or spray available? |  |  |  |  |
| Is there a process for monitoring adherence to cleaning the breakroom after use? |  |  |  |  |
| Are staff observed in break room wearing masks or other face coverings when not eating? |  |  |  |  |
| Are staff observed in the breakroom practicing social distancing? |  |  |  |  |

## Staff Interview

**OPTIONAL:** Recommend Asking the Following

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Staff Interview** | Yes | No | Summary of Observation | Improvement Activities Recommended |
| Can HCP describe when they perform hand hygiene? |  |  |  |  |
| Can HCP describe when to use ABHR vs Soap & Water? |  |  |  |  |
| If possible, observe part of med pass (hand hygiene performed? wiping of glucometer, etc? |  |  |  |  |

**General Infection Prevention and Control**

* Telligen QI Connect Infection Prevention and Control Tools and Resources - <https://www.telligenqiconnect.com/infection-2/>
* QIO Program on Demand Trainings and Toolkit - <https://qioprogram.org/demand-trainings-nursing-home-resources>
* Training for Healthcare Professionals - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html>
* APIC Observation Tools - <https://ipobservationtools.org/observation-tools-library/>
* CMS Covid-19 scenario- based training – all staff in NHs are to complete this training <https://qsep.cms.gov/welcome.aspx>
* CMS COVID-19 scenario based online trainings instructions -<https://qsep.cms.gov/COVID-Training-Instructions.aspx>
* CDC LTC guidance - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html>
* [Considerations for Retirement Communities and Independent Living Facilities | CDC](https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/considerations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fretirement%2Fguidance-retirement-response.html)
* [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fnursing-homes-responding.html)
* COVID-19 Preparedness Checklist for Nursing Homes <https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf>
* [\*Nursing Home COVID-19 Infection Control Assessment and Response (ICAR) Tool Facilitator Guide (cdc.gov)](https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-icar-facilitator-guide.pdf)
* Infection Prevention & Control Guidebook - [Guidebook for Infection Prevention and Control Preparedness](https://www.telligenqiconnect.com/wp-content/uploads/2022/02/Guidebook-for-Infection-Prevention-and-Control-Preparedness-v-11.pdf)
* CDC “Why Practice Social Distancing?” -<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprevent-getting-sick%2Fsocial-distancing.html#stay6ft>
* Guidelines for re-using face masks & respirators - [COVID-19 Decontamination and Reuse of Filtering Facepiece Respirators | CDC](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html)
* Hand hygiene signs showing proper manner to use ABHR and soap/water -<https://www.cdc.gov/handwashing/hand-sanitizer-use.html>
* Visualizing oral spray while wearing/not wearing face covering - <https://www.nejm.org/doi/full/10.1056/nejmc2007800>
* YouTube video: visualizing oral spray while wearing/not wearing face coveringusing laser lighting - <https://www.youtube.com/watch?v=UNHgQq0BGLI>
* OSHA standards for eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupation exposure -[1910.1030(d)(2)(ix)](https://www.osha.gov/laws-regs/interlinking/standards/1910.1030(d)(2)(ix))
* OSHA standards: food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where food or other potentially infectious materials are present - 1910.1030(d)(2)(x)

**Screening Resources**

* [CDC Considerations for Screening](https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/guidance-identify-hcw-patients.html): Guidance on the identification and screening
* [Nursing Home COVID-19 Infection Control Assessment Response (ICAR) Tool Non-Facilitator Guide (cdc.gov)](https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-icar-non-facilitator-guide.pdf)

**Resident Care Areas**

* [CDC guidance and training modules](https://www.cdc.gov/handhygiene/index.html) for facility staff
* [Hand Hygiene Compliance Validation](https://www.telligenqiconnect.com/resource/hand-hygiene-competency-validation/) – A tool to conduct observation audits of hand hygiene and track compliance.
* [PPE Burn Rate Calculator](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html)
* [PPE Strategies for COVID-19 Care](https://qioprogram.org/cms-cdc-fundamentals-covid-19-prevention-nursing-home-management#personal-protective-equipment) for facility staff for proper use of PPE and use of audit tool.
* [PPE Audit Tool](https://www.telligenqiconnect.com/resource/personal-protective-equipment-ppe-audit-tool/) – A tool to conduct observation audits of donning and doffing PPE and track compliance.
* [Environmental Cleaning Spreadsheet](https://www.telligenqiconnect.com/infection-2/) – An environmental cleaning audit tool