

Nursing Home COVID-19 Infection Prevention Rounding Tool

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**Purpose:** Telligen’s COVID-19 Infection Prevention and Control Rounding Tool is used as a resource for observational audits. The information provided and questions on this tool are based on best practices for infection prevention and control per CDC guidance. Decisions regarding facility policy and procedures should be made with consideration to your state and local health departments regulations, infection prevention and control best practices and to allow for resident’s autonomy, respecting resident rights. For information on regulations contact your state and local health department directly for further instructions.
***Updated 03/19/2024***

**Nursing home name:**

**Date of visit:**

# Facility Entry Process

| ****Key Questions**** | Yes | No | Not Observed | Summary of Observation | Improvement Activities Recommended and Key References |
| --- | --- | --- | --- | --- | --- |
| Does the facility have a process to encourage visitors not to enter if they are feeling ill? |[ ] [ ] [ ]   |  |
| Is there a process in place for communicating/educating visitors to protect residents by using facility infection control practices? |[ ] [ ] [ ]   |  |
| Is hand sanitizer and PPE (masks) available at the entrance? |[ ] [ ] [ ]   |  |
| Are individuals performing hand hygiene? |[ ] [ ] [ ]   | [Four Moments for Healthcare Facility Visitor Hand Hygiene](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7428741/)[Patients and Visitors Clean Hands Count](https://www.cdc.gov/handhygiene/pdfs/patient-brochure_508.pdf) |
| Does the facility have a process for monitoring local metrics that could reflect increasing respiratory viral activity to determine if source control may be necessary? |[ ] [ ] [ ]   | [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html) – Please see *Implications for the Community Transmission Metric with the End of the Public Health Emergency*[RESP-NET Interactive Dashboard](https://www.cdc.gov/surveillance/resp-net/dashboard.html)[COVID Data Tracker](https://covid.cdc.gov/covid-data-tracker/#datatracker-home) |
| Is there a process to communicate/educate the changes to IPC practices to staff and visitors based on the changes in transmission? |[ ] [ ] [ ]   |  |
| Are seats and lobby furniture on a cleaning schedule?If yes, what is used to clean the cushions, chairs, and couches in common areas? Is the furniture a cleanable material? |[ ] [ ] [ ]   | [Cleaning, Disinfecting, and Ventilation](https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html)[Environmental Cleaning Procedures](https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html) |
| Is there a process for confirming the current COVID-19 testing guidelines? Please explain the process for continuous monitoring. |[ ] [ ] [ ]   |  |
| Is there a designated COVID-19 testing area?  |[ ] [ ] [ ]   |  |
| Is there a cleaning process for the COVID-19 testing area?If yes, can you describe the process? |[ ] [ ] [ ]   |  |

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# Resident, Visitor, Staff and Vendors

| ****Key Questions**** | Yes | No | Not Observed | Summary of Observation | Improvement Activities Recommended and Key References |
| --- | --- | --- | --- | --- | --- |
| Is education related to COVID-19 vaccinations offered to residents and staff?  |[ ] [ ] [ ]   | [QSO-23-13-ALL Memo](https://www.cms.gov/files/document/qso-23-13-all.pdf) – see *“Requirements for Educating about and Offering Resident’s and Staff the COVID-19 Vaccine.”*[Telligen Vax Hub](https://www.telligenqiconnect.com/vaxhub/) |
| Does the facility have updated visitation policies within the IPC Program? |[ ] [ ] [ ]   |  |
| Has the facility provided updated information about visitation to families of residents? Expectations? |[ ] [ ] [ ]   |  |
| Are families/residents provided with education related to IPC safety practices in public before taking resident outside of facility? |[ ] [ ] [ ]   |  |

# Therapy/Activities/Shower Room/Hopper/Laundry Room/Other

| ****Key Questions**** | Yes | No | Not Observed | Summary of Observation | Improvement Activities Recommended and Key References |
| --- | --- | --- | --- | --- | --- |
| Does Therapy Services have a process for cleaning equipment after each use?  |[ ] [ ] [ ]   |  |
| Are there cleaning/disinfecting wipes or solution readily available for use in the Therapy Room? |[ ] [ ] [x]   |  |
| Is the tub/shower room clean and uncluttered? |[ ] [ ] [ ]   |  |
| Does the facility have a process to monitor thetub or other items in the shower room are cleaned after each use? |[ ] [ ] [ ]   |  |
| Is the soiled utility room (hopper) clean and uncluttered? |[ ] [ ] [ ]   | [Implementation of PPE Use in Nursing Homes to Prevent Spread of MDROs](https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html)  |
| Are clean and sterile supplies stored appropriately and separated from contaminated areas (e.g., in a clean supply/utility room)? |[ ] [ ] [ ]   |  |
| Is the splash zone clear?  |[ ] [ ] [ ]   | [Splash Zone Resource](https://hqin.org/wp-content/uploads/2023/09/Splash-Zone.pdf)[Splash Zone Checklist](https://hqin.org/wp-content/uploads/2023/09/Splash-Zone-Checklist.pdf)[Practice-Briefs-splash-zone.pdf - Nebraska ICAP](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjk_KKzrqGDAxVvSDABHRF8D_IQFnoECBkQAQ&url=https%3A%2F%2Ficap.nebraskamed.com%2Fwp-content%2Fuploads%2Fsites%2F2%2F2018%2F03%2FPractice-Briefs-splash-zone.pdf&usg=AOvVaw3zjSgmPQfgSyA7U3GxHxhV&opi=89978449" \o "Practice-Briefs-splash-zone.pdf - Nebraska ICAP)[In the Zone – The Splash Zone](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwiU7eafrqGDAxWdTjABHc1iD_oQFnoECBMQAQ&url=https%3A%2F%2Ficap.nebraskamed.com%2Fresource%2Fin-the-zone-the-splash-zone%2F&usg=AOvVaw0ER0v6XKIJ3qEB31je3YpP&opi=89978449) |
| Are trash bins available and not overflowing in the soiled utility room? |[ ] [ ] [ ]   |  |
| Are there cardboard boxes in the soiled (hopper) utility room or clean utility room? |[ ] [ ] [ ]   | [The Joint Commission's Position on Managing Cardboard or Corrugated Boxes and Shipping Containers](https://www.jointcommission.org/standards/standard-faqs/ambulatory/infection-prevention-and-control-ic/000002145/) [Regulations, Codes & Standards Q & A: Cardboard Shipping Boxes](https://www.healthcarefacilitiestoday.com/posts/Regulations-Codes-Standards-QA-Cardboard-shipping-boxes--17508)Consider removing boxes. Shipping containers, especially those made of a corrugated material, serve as generators of and reservoirs for dust. Corrugated cardboard boxes are susceptible to moisture, water, vermin and bacteria during warehouse or storeroom storage, as well as transportation environments. Boxes and containers may have been exposed to unknown and potentially high microbial contamination |
| Is there a process to properly manage dirty to clean contamination?If yes, explain the process.  |[ ] [ ] [ ]   |  |
| Is a sink or alcohol-based hand rub (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 appropriate PPE available in the soiled utility room for disposing of waste?If yes, is there a cleaning process for the designated PPE? |[ ] [ ] [ ]   |  |
| Is there a process for offering hand hygiene before and after any activity for group settings?  |[ ] [ ] [ ]   |  |
| Is there a process for handling contaminated laundry?  |[ ] [ ] [ ]   | [Laundry Handling Resource](https://hqin.org/wp-content/uploads/2023/09/Laundry-Handling.pdf)[Laundry Handling Checklist](https://hqin.org/wp-content/uploads/2023/09/Laundry-Handling-Checklist.pdf) |
| Is there a process for cleaning and disinfection of the facility washer and dryer? |[ ] [ ] [ ]   |  |
| Is there a process for cleaning and disinfection of the nurse’s station? |[ ] [ ] [ ]   |  |
| Are portable fans used in the facility?If yes, is there a process for cleaning and disinfection? |[ ] [ ] [ ]   |  |
| Other observations:Common areas – are there hand hygiene signage visible? Is there a process for cleaning high-touch surface areas after use? |[ ] [ ] [ ]   | Consider posting visual alerts (signs or posters) at the entrance and in strategic places such as waiting areas, elevators, or cafeterias. These alerts should include instructions about current IPC recommendations (i.e., when to use source control and perform hand hygiene).[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) |

# COVID-19 Positive Area

| ****Key** **Questions**** | Yes | No | Not Observed | Summary of Observation | Improvement Activities Recommended and Key References |
| --- | --- | --- | --- | --- | --- |
| Are confirmed positive residents in either a completely dedicated COVID-19 positive wing, in a room alone or cohorted\* into a room with other confirmed cases?*\*Important to review guidance in QSO-23-13-ALL* |[ ] [ ] [ ]   | [QSO-23-13-ALL Memo](https://www.cms.gov/files/document/qso-23-13-all.pdf)[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) |
| If the facility has a designated area currently not in outbreak status, and if the COVID-19 unit is closed/not set up, is there a process for quickly opening a COVID-19 isolation unit?  |[ ] [ ] [ ]   |  |
| Is vital sign/reusable equipment (e.g., blood glucose monitor) designated to the unit/resident and not used by general population? |[ ] [ ] [ ]   | [Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs)](https://www.cdc.gov/hai/containment/index.html) |
| Is there a process to clean above equipment between each use? |[ ] [ ] [ ]   |  |
| Arethere designated staff/housekeeping to the COVID-19 positive units?  |[ ] [ ] [ ]   | If staffing allows, consider designating the same staff to each unit. |
| Is there a process to monitor compliance of donning and doffing PPE (e.g., spot checks, weekly audits, monthly audits)?If yes, are results of monthly percentages of compliance monitored and discussed during QAPI meetings? |[ ] [ ] [ ]   | [Observational Audits: A Pathway to Improving Infection Prevention and Preventing the](https://www.ahrq.gov/sites/default/files/wysiwyg/nursing-home/materials/observational-audits.pdf%22%20%5Co%20%22Observational%20Audits%3A%20A%20Pathway%20to%20Improving%20Infection%20Prevention%20and%20Preventing%20the)[Spread of COVID-19](https://www.ahrq.gov/sites/default/files/wysiwyg/nursing-home/materials/observational-audits.pdf%22%20%5Co%20%22Observational%20Audits%3A%20A%20Pathway%20to%20Improving%20Infection%20Prevention%20and%20Preventing%20the)[Competency Check vs. Observational Audit Validate Nursing Home Staff Performance to Improve Infection Prevention Processes for COVID-19](https://www.ahrq.gov/sites/default/files/wysiwyg/nursing-home/materials/competency-check-vs-observational-audit.pdf)Consider using Telligen’s [Audit Tracking Tool Workbook](https://www.telligenqiconnect.com/resource/audit-tracking-tool-workbook/) to assist with tracking and trending of audits. |
| If there is a COVID-19 area, is there signage at the entrance or on a resident room door in isolation prompting to don PPE or see a nurse for instruction before entering? |[ ] [ ] [ ]   | Consider posting visual alerts (signs or posters) at the entrance and in strategic places such as waiting areas, elevators, or cafeterias. These alerts should include instructions about current IPC recommendations (e.g., when to use source control and perform hand hygiene). [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) |
| Is appropriate 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? |[ ] [ ] [ ]   | [Implementation of PPE Use in Nursing Homes to Prevent Spread of MDROs](https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html) – how to set up isolation rooms (e.g., trashcan placement). |
| 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? |[ ] [ ] [ ]   | [Fundamental Elements Needed to Prevent Transmission of Infectious Agents in Healthcare Settings](https://www.cdc.gov/infectioncontrol/guidelines/isolation/prevention.html) |
| Is there signage demonstrating the proper PPE process for donning/doffing |[ ] [ ] [ ]   |  |
| Does PPE donning and doffing occur in separate areas? |[ ] [ ] [ ]   | [Protecting Healthcare Personnel](https://www.cdc.gov/hai/prevent/ppe.html#anchor_1634672315434) – see *Personal Protective Equipment (PPE)* |
| Are HCP fit tested for respirators?If yes, how often? |[ ] [ ] [ ]   | Consider reviewing [this CDC resource](https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource3fittest.html#:~:text=You%20should%20be%20fit%20tested,type%2Fbrand%2C%20or%20size) on Respirator Fit Testing.[Hospital Respiratory Protection Toolkit](https://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117revised042022.pdf?id=10.26616/NIOSHPUB2015117)[United States Department of Labor: Respiratory Protection Training Videos](https://www.osha.gov/respiratory-protection/training) |
| Is there a process for cleaning rooms in the COVID unit/room to prevent contamination to the general population? |[ ] [ ] [ ]   |  |
| Are EPA cleaning products used with the correct contact/kill times |[ ] [ ] [ ]   | [Disinfectants for Coronavirus (COVID-19)](https://www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0)  |
| Is PPE/HH performedcorrectly during the cleaning process?If yes, how do you confirm this practice? |[ ] [ ] [ ]   |  |
| If there is a COVID-19 designated area/unit is that unit cleaned last in the daily routines? |[ ] [ ] [ ]   |  |

# Dining Room/Communal Dining

| ****Key Questions**** | Yes | No | Not Observed | Summary of Observation | Improvement Activities Recommended |
| --- | --- | --- | --- | --- | --- |
| Are chairs at the dining tables overly cluttered? |[ ] [ ] [ ]   |  |
| Does the facility have an ice making machine?If yes, who is responsible for cleaning and maintenance of the ice machine? |[ ] [ ] [ ]   | [Ice Machines Maintenance Resource](https://hqin.org/wp-content/uploads/2023/09/Ice-Machines.pdf)[Ice Machine Checklist](https://hqin.org/wp-content/uploads/2023/09/Ice-Machine-Checklist.pdf) |
| Is there a process for communal dining?(Is hand hygiene offered? Who cleans the dining room? Is there a process to monitor compliance with IPC practices in the dining area?) |[ ] [ ] [ ]   |  |
| Is hand hygiene offered to residents that may eat meals in their room?If yes, is there a process to confirm compliance? |[ ] [ ] [ ]   |  |
| Is hand hygiene readily available – ABHRs, sinks with soap and water? |[ ] [ ] [ ]   | Consider placing signage at the tables prompting hand hygiene. If signage is posted, consider an audit check or a feedback system to monitor new hand hygiene intervention compliance. |
| Is hand hygiene signage displayed? |[ ] [ ] [ ]   | Consider posting visual alerts (signs or posters) at the entrance and in strategic places such as waiting areas, elevators or cafeterias. These alerts should include instructions about current IPC recommendations (e.g., when to use source control and perform hand hygiene). Consider periodically changing out signage. [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) |

# Environmental Services

| Key Questions | Yes | No | Not Observed | Summary of Observation | Improvement Activities Recommended and Key References |
| --- | --- | --- | --- | --- | --- |
| Are selected EPA registered disinfectants to allow for necessary cleaning and disinfecting of high-touch surfaces and shared resident care equipment accessible to staff? |[ ] [ ] [ ]   | To confirm all cleaning products are on the EPA registered list. Disinfectant Use and Coronavirus (COVID-19) – [Launch Here](https://cfpub.epa.gov/wizards/disinfectants/).[Guidance for Cleaning and Disinfecting](https://www.epa.gov/sites/default/files/2020-04/documents/316485-c_reopeningamerica_guidance_4.19_6pm.pdf) |
| Do staff know which products to use for disinfecting? |[ ] [ ] [ ]   | [How to Read a Disinfectant Label](https://www.cdc.gov/hai/pdfs/HowToReadALabel-Infographic-508.pdf)  |
| Are alcohol-impregnated wipes stored in a way that prevents evaporation? |[ ] [ ] [ ]   |  |
| Can staff identify contact/kill time? |[ ] [ ] [ ]   | Product contact time is on the label of your product or on the MSDS sheets. Consider using a product that allows for the least time.[OSHA Hazard Communication Standard: Safety Data Sheets](https://www.osha.gov/sites/default/files/publications/OSHA3514.pdf)Consider educating and quizzing staff randomly on contact times for each type of product and make a “Key” chart to hang up on a wall and/or make a pocket card to add to the name badge and/or place the kill time on bottles by using a color-coded sticker or plainly writing it on. (Ex. Red sticker means 2 minutes contact time; yellow sticker means 5 minutes, dispensed cleaner may be 5 minutes, etc.) This way everyone knows and increases reliability in the process.[Project Firstline: Why Does Contact Time Matter for Disinfection?](https://www.youtube.com/watch?v=TCa7Gg1NUD4&list=PLvrp9iOILTQZQGtDnSDGViKDdRtIc13VX&index=24) |
| How is the contact/kill time monitored? |[ ] [ ] [ ]   | [Cleaning and Disinfection Pocket Guide](https://hqin.org/wp-content/uploads/2022/12/CD-508-Test-Form.pdf%22%20%5Co%20%22Cleaning%20and%20Disinfection%20Pocket%20Guide)Consider establishing a process for random audits or quizzes to confirm competency and accountability.Consider education at orientation and at least annually.Consider providing education at the time of orientation and annually (or as needed if observed that there is non-compliance).Consider clearly marking bottles with kill times or have some type of reference form. |
| Does the facility provide education related to cleaning product contact time?If yes, how often is education provided?  |[ ] [ ] [ ]   |  |
| Do any of the cleaning or disinfecting agents require additional preparation prior to use?(i.e., mixing with other chemicals, diluting with water, mixing location, labeling, PPE needed)Additional Question: If the cleaning products require preparation/mixing, how long does the facility store products after mixing or dilution? |[ ] [ ] [ ]   | If your facility has a dispensing machine for different cleaning products to refill bottles, ensure labeling details (product name, expiration date, contact time, etc.) are listed on the bottle.Environmental Cleaning Supplies and Equipment – see section “3.2 Preparation of environmental cleaning products.”“Products for cleaning and disinfection are often sold as concentrated formulations that are diluted to make a solution. If they are not prepared according to the manufacturer’s instructions (e.g., too concentrated or too dilute), they might not perform as expected and they could damage surfaces or increase risks to staff and others.”[ICAR Tool](https://www.cdc.gov/infectioncontrol/pdf/icar/ipc-obs-form-evs.pdf)  |
| If the cleaning products require preparation/mixing: Are containers clearly labeled with contents and an expiration date based on manufacturer’s instructions? |[ ] [ ] [ ]   |  |
| Can housekeeping describe the daily cleaning process of a resident room? |[ ] [ ] [ ]   | [Steps in Daily Room Cleaning Pocket Guide](https://hqin.org/wp-content/uploads/2022/12/Steps-in-Daily-Room-Cleaning-Three-Card.pdf)[Best Practices for Environmental Cleaning](https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html) – provides visuals for cleaning process.[Cleaning and Disinfection Strategies for Non-Critical Surfaces and Equipment](https://www.cdc.gov/infectioncontrol/pdf/strive/EC102-508.pdf)  |
| Can housekeeping describe the terminal cleaning process?Additional question:Describe the housekeeping process.  |[ ] [ ] [ ]   | Consider looking into if you have a policy and/or procedure written format to confirm reliability in the process.Consider creating an easily accessible resource that staff can use if they need to look up any policy or procedure. Consider a process for random audits to monitor compliance to facility procedure of terminal cleaning process. |
| Are mop heads or flat mop cloths changed regularly?If yes, how often?  |[ ] [ ] [ ]   | Consider changing mop heads/floor cloths and buckets of cleaning and disinfectant solutions as often as needed (e.g., when visibly soiled, after every isolation room, every 1-2 hours) and at the end of each cleaning session; cotton mop heads are not recommended for use – consider using microfiber or disposable. See reference below for more information.[Environmental Cleaning Procedures](https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html) – see patient area floors section.Microfiber mops should be changed after each room and after cleaning spills of blood or body fluids. [Environmental Cleaning 102](https://www.cdc.gov/infectioncontrol/pdf/strive/EC102-508.pdf) |
| Are housekeeping carts cleaned and disinfected?If yes, how often? |[ ] [ ] [ ]    | [Cleaning and Disinfection Strategies for Non-Critical Surfaces and Equipment](https://www.cdc.gov/infectioncontrol/pdf/strive/EC102-508.pdf)  |
| Is there a process for cleaning/shampooing carpets? What about chairs that are cloth fabric? |[ ] [ ] [ ]   | Consider establishing a routine process for cleaning furniture, especially in common areas where residents may share the same furniture. |
| Are filters used in vacuums HEPA compliant? |[ ] [ ] [ ]   | To help prevent the spread of contaminated materials coming out of the vacuum vent consider using HEPA type filters.[What is a HEPA Filter?](https://www.epa.gov/indoor-air-quality-iaq/what-hepa-filter)  |
| Are high-touch surfaces cleaned routinely?(e.g., handrails, light switches, resident wheelchair handles and wheel ring, etc.)Are items such as kiosks, keyboards, phones, time clock, resident lifts, etc. cleaned after each use? |[ ] [ ] [ ]    | Consider creating a process and communicating that staff are expected to clean high-touch surfaces (e.g., kiosks, keyboards, phones, etc.) and creating a feedback system through occasionally asking staff about the process, observingor auditing.Consider a process where the facility is able to ensure devices where multiple staff have access or use are routinely cleaned (e.g., nurse cleans the workstation before and after the shift, CNA has cleansing wipes readily available to wipe off handles and other touched areas on a resident lift, housekeeping will thoroughly clean at the end of each shift, etc.) |
| Is there a process to confirm that a high touch surface area has been cleaned? |[ ] [ ] [ ]   |  |
| Do you have a routine auditing process for environmental services cleaning procedures? |[ ] [ ] [ ]   | Consider routine monitoring of EVS cleaning to observe compliance of cleaning procedure is completed correctly (e.g., right order, correct cleaners being used for different objects).This [Environmental Cleaning Spreadsheet](https://www.cdc.gov/hai/pdfs/toolkits/Environmental-Cleaning-Eval-Worksheet-10-6-2010.xls) audit tool is available on the CDC website that individual nursing homes can modify and edit.[Guidelines for Environmental Infection Control in Health-Care Facilities](https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf) includes standard practices for all environmental areas.  |
| Do you have a reference form to identify who is responsible for cleaning high touch surface areas/item in the facility? Does it share how often that area/item should be routinely cleaned? |[ ] [ ] [ ]    | Consider assigning roles to identify who cleans specific items for routine thorough cleaning. For example, a CNA will clean the tub between use of residents but housekeeping thoroughly cleans all surfaces of the tub room at the end of each day; nurses are responsible for cleaning the nurse station routinely after each shift, but night shift thoroughly cleans one time per week on Wednesdays. This will support reliability of the process and help everyone understand the process that includes their role with Infection Control.[Cleaning Assignments](https://hqin.org/wp-content/uploads/2023/09/Cleaning-Assignments.pdf)[Cleaning Checklist](https://hqin.org/wp-content/uploads/2023/09/Cleaning-Checklist.pdf) |
| Is there a designated staff member to oversee the water management program? |[ ] [ ] [ ]   | [Water Management Resource](https://hqin.org/wp-content/uploads/2023/09/Water-Management.pdf)[Water Management Checklist](https://hqin.org/wp-content/uploads/2023/09/Water-Management-Checklist.pdf) |

# Staff Break Rooms

| ****Key Questions**** | Yes | No | Not Observed | Summary of Observation | Improvement Activities Recommended and Key References |
| --- | --- | --- | --- | --- | --- |
| Is hand hygiene signage displayed in the staff break room? |[ ] [ ] [ ]   | Consider clearly posted signs and communicate with staff to perform hand hygiene immediately upon entry to the break room and prior to leaving.[Hand Hygiene at Work (CDC)](https://www.cdc.gov/handwashing/handwashing-corporate.html) If implemented, consider a process to monitor compliance with hand hygiene after the new intervention is implemented. |
| Is there a process in place for high-touch communal items? (e.g., coffee pots and bulk snacks, vending machines, fridge, microwave, etc.)  |[ ] [ ] [ ]   | Consider adding reminders to ask staff to wipe down high-touch areas between use to assist with high-touch surface area cleaning. Consider random audit checks to assure compliance. |
| Are cleaning/disinfection products readily available in the staff breakroom? |[ ] [ ] [ ]   |  |

# Hand Hygiene

| ****Key Questions**** | Yes | No | Not Observed | Summary of Observation | Improvement Activities Recommended and Key References |
| --- | --- | --- | --- | --- | --- |
| Is signage promoting hand hygiene (HH) prominently displayed throughout facility? |[ ] [ ] [ ]   | Consider placing signs at sinks to prompt HH or where ABHRs can be found on counters or in halls prompting use.Consider changing out/rotate signs periodically to bring staff attention to this priority. [CDC Hand Hygiene Posters](https://www.cdc.gov/handwashing/posters.html%22%20%5Co%20%22CDC%20Hand%20Hygiene%20Posters)[Clean Hands Count Poster](https://www.cdc.gov/handhygiene/pdfs/Provider-LTC-Brochure-P.pdf) [CDC Hand Hygiene in Healthcare Settings](https://www.cdc.gov/handhygiene/index.html%22%20%5Co%20%22CDC%20Hand%20Hygiene%20in%20Healthcare%20Settings)[COVID-19 Advice for the Public: Mythbusters](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters) [World Hand Hygiene Day](https://www.who.int/campaigns/world-hand-hygiene-day%22%20%5Co%20%22World%20Hand%20Hygiene%20Day) |
| Are soap dispensers, ABHR and paper towels accessible, filled and operating correctly?  |[ ] [ ] [ ]   | Consider monitoring your ABHR supply for use and ordering. If supply is going down, this may indicate appropriate use. If supply is not going down or one week seems to have less use – this may indicate people are not compliant with HH.Recent memo regarding PHE ending and information ABHR dispensers: [QS0-23-13-ALL Memo](https://www.cms.gov/files/document/qso-23-13-all.pdf) |
| Is there a process for ensuringthese are filled routinely to assure availability when needed? |[ ] [ ] [ ]   |  |
| Are HCP knowledgeable of when to clean their hands? (Ex: When to use soap and water vs. ABHR) |[ ] [ ] [ ]   | [Hand Hygiene Pocket Guide](https://hqin.org/wp-content/uploads/2022/11/Hand-Hygiene-Three-Card-1.pdf%22%20%5Co%20%22Hand%20Hygiene%20Pocket%20Guide)[Consider the 5 Moments for Hand Hygiene](https://cdn.who.int/media/docs/default-source/integrated-health-services-%28ihs%29/infection-prevention-and-control/your-5-moments-for-hand-hygiene-poster.pdf?sfvrsn=83e2fb0e_16) [ABHR vs. Soap and Water](https://www.cdc.gov/handhygiene/providers/guideline.html%22%20%5Co%20%22ABHR%20vs.%20Soap%20and%20Water)[Clean Hands Count Campaign](https://www.cdc.gov/handhygiene/providers/index.html%22%20%5Co%20%22Clean%20Hands%20Count%20Campaign)[The Four E’s of an Effective Hand Hygiene Program](https://www.cdc.gov/handhygiene/providers/training/index.html?ACSTrackingID=USCDC_493-DM104592&ACSTrackingLabel=Clean%20Hands%20Save%20Lives&deliveryName=USCDC_493-DM104592) |
| Are sinks used solely for hand hygiene? (Ex: Not used to dispose of waste) |[ ] [ ] [ ]   |  |
| Does the facility monitor compliance utilizing a HH audit tool? Additional Questions:If yes, how often are audits completed? Is monthly compliance percentage tracked?Are results of monthly percentages of compliance monitored and discussed during QAPI meetings?Optional: Can nursing home demonstrate HH audit process? (See HH audit) |[ ] [ ] [ ]   | Resource: [Nursing Home COVID-19 Action Network](https://www.ahrq.gov/nursing-home/index.html), Leadership, Management, and Safe Operations: Safe Operations audit tools[Hand Hygiene Resources (CDC)](https://www.cdc.gov/handhygiene/providers/training/index.html) Consider routine auditing and monitoring for hand hygiene. Consider other staff members being involved in this process for increased opportunities for observation during off hours and to increase the opportunities to monitor the hand hygiene process. Once collecting paper audits consider monitoring the percentage of compliance for the month to determine of interventions were successful. [QAPI 101 Mini Collaborative](https://www.telligenqiconnect.com/event/qapi-101-mini-collaborative-15/%22%20%5Co%20%22QAPI%20101%20Mini%20Collaborative)If pocket sanitizers are used, consider a quick random audit check to see who can produce a pocket sanitizer (make it a fun game by awarding a pack of gum) Consider monitoring your ABHR supply for use and ordering. If supply is going down this may indicate appropriate use, if supply is not going down or one week seems to be less use – this may indicate people are not compliant with HH. [Telligen Hand Hygiene Competency Validation](https://www.telligenqiconnect.com/wp-content/uploads/2022/02/Hand-Hygiene-Competency-Validation.pdf%22%20%5Co%20%22Telligen%20Hand%20Hygiene%20Competency%20Validation)Consider using Telligen’s [Audit Tracking Tool Workbook](https://www.telligenqiconnect.com/resource/audit-tracking-tool-workbook/) to assist with tracking and trending of audits. |
| Do residents, visitors, and vendors complete hand hygiene? If yes, is there a process to provide education and monitor this practice? |[ ] [ ] [ ]   | [Four Moments for Healthcare Facility Visitor Hand Hygiene](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7428741/%22%20%5Co%20%22Four%20Moments%20for%20Healthcare%20Facility%20Visitor%20Hand%20Hygiene)[Telligen QAPI Self-Assessment Tool](https://www.telligenqiconnect.com/resource/quality-assurance-performance-improvement-qapi-self-assessment-tool/) |
| Are sinks readily accessible and functioning 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
* No items stored under the sink
 |[ ] [ ] [ ]   |  |

# Personal Protective Equipment (PPE)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ****Key Questions**** | Yes | No | Not Observed | Summary of Observation | Improvement Activities Recommended and Key References |
| Are adequate PPE supplies present?Additional Questions: Who is responsible for monitoring PPE supplies?Do they monitor supplies for expiration dates? |[ ] [ ] [ ]   |  |
| Can facility personnel demonstrate competency with donning and doffing PPE utilizing the PPE audit tool? |[ ] [ ] [ ]   | [Use PPE Correctly for COVID-19 12-minute video](https://www.youtube.com/watch?v=YYTATw9yav4&feature=youtu.be" \o "Use PPE Correctly for COVID-19 12-minute video)[Keep COVID-19 Out! 6-minute video](https://www.youtube.com/watch?v=7srwrF9MGdw&feature=youtu.be" \o "Keep COVID-19 Out! 6-minute video)[Personal Protective Equipment (PPE) Audit Tool](https://www.telligenqiconnect.com/resource/personal-protective-equipment-ppe-audit-tool/) |
| **Key Questions** | Yes | No | Not Observed | Summary of Observation | Improvement Activities Recommended and Key References |
| Is there a system for monitoring adherence to PPE standards using a PPE audit tool?If yes, are results of monthly percentages of compliance monitored and discussed during Q.A.P.I meetings?Optional: Can nursing home demonstrate PPE audit process? (See PPE audit) |[ ] [ ] [ ]   | Consider increased monitoring of compliance with donning and doffing of PPE. With increased observation, it allows weekly or monthly monitoring for compliance and this data can be presented during QAPI to assess if interventions are successful. [QAPI Five Elements](https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/qapifiveelements.pdf%22%20%5Co%20%22QAPI%20Five%20Elements)[Telligen QAPI Self-Assessment Tool](https://www.telligenqiconnect.com/resource/quality-assurance-performance-improvement-qapi-self-assessment-tool/%22%20%5Co%20%22Telligen%20QAPI%20Self-Assessment%20Tool)[Using Audits to Monitor Infection Prevention Practices](https://www.cdc.gov/infectioncontrol/pdf/strive/CBT102-508.pdf%22%20%5Co%20%22Using%20Audits%20to%20Monitor%20Infection%20Prevention%20Practices)[Auditing Strategies to Improve Infection Prevention Processes in Nursing Homes](https://www.ahrq.gov/nursing-home/materials/prevention/observational-audits.html%22%20%5Co%20%22Auditing%20Strategies%20to%20Improve%20Infection%20Prevention%20Processes%20in%20Nursing%20Homes)Consider creating IP champions to help with observations of donning and doffing of PPE, hand hygiene or other IPC practices.  |
| Is staff observed adhering to the facility source control/masking policy? |[ ] [ ] [ ]   | [Personal Protective Equipment Pocket Guide](https://hqin.org/wp-content/uploads/2022/12/Personal-Protective-Equipment-Three-Card.pdf) |

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# Immunization Program

| ****Key Questions**** | Yes | No | Not Observed | Summary of Observation | Improvement Activities Recommended and Key References |
| --- | --- | --- | --- | --- | --- |
| Does the facility have a process to present information related to the risk and benefits of vaccination to residents and staff? |[ ] [ ] [ ]   | [Your Health Can’t Wait, Vaccinate Campaign Resources](https://hqin.org/resource/your-health-cant-wait-vaccinate-resources/) [Vaccine Hesitancy/Misinformation Resources](https://hqin.org/resource/vaccine-hesitancy-misinformation-resources/) |
| Does the facility use communication tools during discussions to make a strong vaccination recommendation?(e.g., SHARE Methodology or Motivational Interviewing – not the FAQ about the vaccine which discusses risks and benefits) |[ ] [ ] [ ]   | [Make a Strong Influenza Vaccine Recommendation](https://www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm%22%20%5Co%20%22Make%20a%20Strong%20Influenza%20Vaccine%20Recommendation%20) Motivational Interviewing:**Telligen Motivational Interviewing Fishbowl Series**Part 1: Building Trust and Establishing Relationships[MI Part 1 Slides](https://www.telligenqiconnect.com/wp-content/uploads/2022/09/GYNHAB-MI-Fishbowl-series-9_20_22-1-of-3_Comms-final.pdf%22%20%5Co%20%22Motivational%20Interviewing%20Part%201%20Slides%22%20%5Ct%20%22_blank)[MI Part 1 Recording](https://youtu.be/xO9DrMa-dZs) (30 min. 22 sec.)Part 2: Using Your O.A.R.S[MI Part 2 Slides](https://www.telligenqiconnect.com/wp-content/uploads/2022/09/GYNHAB-MI-Fishbowl-series-9-2022-2-of-3_Comms-final.pdf%22%20%5Co%20%22Motivational%20Interviewing%20Part%202%20Slides%22%20%5Ct%20%22_blank)[MI Part 2 Recording](https://youtu.be/ESy7PLGSWSc) (30 min. 35 sec.)Part 3: Move to Understanding and Action[MI Part 3 Slides](https://www.telligenqiconnect.com/wp-content/uploads/2022/10/GYNHAB-MI-Fishbowl-series-9-2022-3-of-3-final.pdf%22%20%5Co%20%22Motivational%20Interviewing%20Part%203%20Slides%22%20%5Ct%20%22_blank)[MI Part 3 Recording](https://www.youtube.com/watch?v=VmanW0YekXU) (30 min. 18 sec.) |
| Is there a process the nursing home uses to identify those who are not vaccinated or should receive a vaccine?If yes, what is the process? |[ ] [ ] [ ]   |  |
| Does the nursing home use a standing order process?If yes, how are you maintaining the standard order process on a regular basis? |[ ] [ ] [ ]   |  |
| Is there a process to collecting and documenting vaccine consent? If yes, what is the process? |[ ] [ ] [ ]   |  |

# **Infection Prevention and Control Training**

| ****Key Questions**** | Yes | No | Not Observed | Summary of Observation | Improvement Activities Recommended and Key References |
| --- | --- | --- | --- | --- | --- |
| Does the facility have an infection preventionist?  |[ ] [ ] [ ]   |  |
| Is there a new hire infection prevention training that reviews the current IP roles and what processes had previously been in place? If yes, please explain what is entailed in the review. |[ ] [ ] [ ]   | [Long-Term Care Infection Preventionist’s Survival Guide](https://hqin.org/resource/ltc-ip-survival-guide/%22%20%5Co%20%22Long-Term%20Care%20Infection%20Preventionist%E2%80%99s%20Survival%20Guide)[CDC TRAIN: Nursing Home Infection Preventionist Training Course](https://www.train.org/cdctrain/training_plan/3814%22%20%5Co%20%22CDC%20TRAIN%3A%20Nursing%20Home%20Infection%20Preventionist%20Training%20Course)* If you do not already have a log in for CDC TRAIN, you will need to create one to access the course.

[Project Firstline](https://www.cdc.gov/infectioncontrol/projectfirstline/resources/videos.html%22%20%5Co%20%22Project%20Firstline)[Telligen Infection Prevention and Control](https://www.telligenqiconnect.com/infectionpreventionandcontrol/) |
| Does the facility have a process for Infection Prevention and Control Survey Readiness? If yes, please explain. |[ ] [ ] [ ]   | [Survey Readiness Toolkit](https://hqin.org/resource/survey-readiness-toolkit/%22%20%5Co%20%22Survey%20Readiness%20Toolkit)[Best Practice Pocket Cards](https://hqin.org/resource/infection-prevention-pocket-cards/) |
| Are frontline clinical and management staff trained in infection prevention and control annually? |[ ] [ ] [ ]   |  |
| What percentage of staff have completed the infection control training in the past year?  | 75-100%[ ]  | 0-74%[ ]  |[ ]   | [Project Firstline](https://www.cdc.gov/infectioncontrol/projectfirstline/resources/videos.html%22%20%5Co%20%22Project%20Firstline)[Project Firstline Spanish Language Resources for Frontline Nursing Home Staff](https://qioprogram.org/sites/default/files/2023-12/Project%20FirstLine_Spanish_Trainings_MiniGuide_20231106_508.pdf%22%20%5Co%20%22Project%20Firstline%20Spanish%20Language%20Resources%20for%20Frontline%20Nursing%20Home%20Staff)([Project Firstline Training User Guide](https://qioprogram.org/cmstargetedcovid19training))[CMS QSEP Targeted COVID-19 Training for Nursing Homes](https://qsep.cms.gov/ProvidersAndOthers/COVID-Training-Instructions.aspx) – These trainings are dedicated to frontline staff and management and have been updated! There is now an option to test out of the assessment to receive the certificate of completion. |
| What topics are included in the training? | N/A | N/A |[ ]  [ ]  **Addressing Emotional Needs of** **Residents and Staff**[ ]  **Basic Infection Control**[ ]  **Caring for Residents with** **Dementia during a Pandemic**[ ]  **Cleaning the Nursing Home**[ ]  **Cohorting**[ ]  **Emergency Preparedness and** **Surge Capacity**[ ]  **Hand Hygiene and PPE**[ ]  **Screening and Surveillance**[ ]  **Telehealth for Nursing Homes**[ ]  **Vaccine Delivery System Process** |  |
| Would you be willing to share a list confirming staff completion of the trainings if requested? |[ ] [ ] [ ]   |  |

# General Infection Prevention and Control Resources

* [Telligen QI Connect™ Infection Prevention and Control Resource Page](https://www.telligenqiconnect.com/infectionpreventionandcontrol/%22%20%5Co%20%22Telligen%20QI%20Connect%E2%84%A2%20Infection%20Prevention%20and%20Control%20Resource%20Page)
* [CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings](https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html)
* [QIO Program On-Demand Trainings and Toolkit](https://qioprogram.org/demand-trainings-nursing-home-resources%22%20%5Co%20%22QIO%20Program%20On-Demand%20Trainings%20and%20Toolkit)
* [APIC Observation Tools](https://ipobservationtools.org/observation-tools-library/)
* [CMS COVID-19 Scenario-based Training](https://qsep.cms.gov/welcome.aspx)
* [CMS COVID-19 Scenario-based Online Trainings Instructions](https://qsep.cms.gov/COVID-Training-Instructions.aspx%22%20%5Co%20%22CMS%20COVID-19%20Scenario-based%20Online%20Trainings%20Instructions)
* For more state specific guidance, contact your local health department.

* [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%22%20%5Co%20%22Guidebook%20for%20Infection%20Prevention%20and%20Control%20Preparedness)
* [Visualizing oral spray while wearing/not wearing face covering](https://www.nejm.org/doi/full/10.1056/nejmc2007800%22%20%5Co%20%22Visualizing%20oral%20spray%20while%20wearing/not%20wearing%20face%20covering)
* [AHRQ A Unit Guide to Infection Prevention for Long-Term Care Staff](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/cauti-ltc/modules/resources/guides/guide-infection-prevention.pdf%22%20%5Co%20%22AHRQ%20A%20Unit%20Guide%20to%20Infection%20Prevention%20for%20Long-Term%20Care%20Staff)

# Resident Care Area Resources

* [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/) tool to conduct observational audits of hand hygiene and track compliance
* [PPE Audit Tool](https://www.telligenqiconnect.com/resource/personal-protective-equipment-ppe-audit-tool/) to conduct observation audits of donning and doffing PPE and track compliance
* [Environmental Cleaning Audit Tool](https://www.cdc.gov/hai/pdfs/toolkits/Environmental-Cleaning-Eval-Worksheet-10-6-2010.xls%22%20%5Co%20%22Environmental%20Cleaning%20Audit%20Tool%20)