



AGING AND LONG-TERM SUPPORT ADMINISTRATION
 ADULT FAMILY HOME (AFH)
 ASSISTED LIVING FACILITY (ALF)
 ENHANCED SERVICES FACILITY (ESF)

Infection Prevention and Control (IPC) Assessment Tool for COVID-19

FACILITY NAME	LICENSE NUMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR / COMPLAINT INVESTIGATOR NAME	INTAKE NUMBER

Instructions: RCS staff will use the IPC Tool (or Pathway) to evaluate the home's compliance with IPC practices. Assess elements through observation, interview, and record review. Submit this form with working papers.

Check "Yes," "No," or "N/A" on this tool. If "No" is checked, document findings in the notes section and/or on [DSHS 00-412A](#).

The IPC Assessment includes a review of CDC / DOH strategies for the prevention and spread of communicable diseases in Long-Term Care (LTC) settings.

- | | |
|---|---|
| A. Hand hygiene | E. Cleaning and disinfecting care equipment and environment |
| B. Use of Personal Protective Equipment (PPE) | F. Safely handle textiles and laundry |
| C. Respiratory hygiene / cough etiquette | G. Safe injection practice |
| D. Appropriate resident placement (isolation) | H. Proper handling of needles and sharps |

Offsite Preparation:

- | | |
|---|---|
| <input type="checkbox"/> Standard Precautions | <input type="checkbox"/> Centers for Disease Control (CDC) Return to Work Guidance for Healthcare Workers |
| <input type="checkbox"/> Respiratory Protection Program | <input type="checkbox"/> Washington State Department of Health (DOH) COVID-19 Guidance |
| <input type="checkbox"/> Outbreak definition | <input type="checkbox"/> CDC COVID-19 Guidance |

Determine communicable disease outbreak in home: Yes No

PPE / source control plan for on-site visit: None needed Source control / eye protection, if indicated Full PPE with Fit Tested N95 Respirator

COVID-19 specific investigation: Community Transmission Rate High in past two weeks. [COVID Data Tracker](#)

Upon entrance, identify / observe the following:

Active or Suspected COVID-19 / communicable disease present in home: Yes No

[Staff and resident wearing so source control:](#) Yes No

Any Aerosol Generating Procedures (AGP) (when there is high COVID-19 community transmission): Yes No

If yes, who / where:

- Process to ensure everyone is aware of recommended IPC practices in the setting.
- Process to make everyone entering the facility aware of recommended actions to prevent transmission to others if they have any of the following three criteria:
 - 1) A positive viral test for SARS-CoV-2;
 - 2) Symptoms of COVID-19; or
 - 3) Close contact with someone with SARS-CoV-2 infection (for residents and visitors) or a higher-risk exposure (for healthcare personnel (HCP)).

A. Testing, Notification, and Routine IPC Practices	Yes	No	N/A	Notes
Testing				
Access to adequate COVID-19 testing for residents and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outbreak testing for staff and residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notification				
Communicates known or suspected COVID-19 outbreaks and cases to Local Health Jurisdiction (LHJ) and Outbreaks to Complaint Resolution Unit (CRU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communicates information about known or suspected communicable disease before transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Residents, representatives, staff and visitors notified of COVID-19 cases and about potential exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Routine IPC Practices				
Follows return to work guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

System HCP for self-Screening and monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Offers vaccine resources and encourages everyone to remain up to date with all recommended COVID-19 vaccine doses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Source control is worn by everyone in a facility, even if they do not have symptoms of COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye protection is worn by HCP for all resident care encounters when Community Transmission Levels are high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Established process to identify and manage individual with suspected or confirmed SARS-CoV-2 infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Established process to make everyone entering the facility aware of recommended actions to prevent transmission to others if they meet criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Visitor and New Admissions	Yes	No	N/A	Notes
Provides accommodation for visitation for all residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provides residents immediate access to Ombuds and Resident Rights Advocates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adheres to LHJ visitation guidance during an outbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. IPC Supplies and Use	Yes	No	N/A	Notes
Ask provider how they determine adequate PPE supplies, disinfectant, hand hygiene supplies, tissues / waste receptacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ask provider how they know staff are following IPC training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Infection Control Standards, Policies AND Procedures	Yes	No	N/A	Notes
IPC Standards				
Displays signage throughout the setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observe staff are following standard precautions: <input type="checkbox"/> Proper hand hygiene <input type="checkbox"/> Appropriate staff use of PPE <input type="checkbox"/> Respiratory hygiene / cough etiquette <input type="checkbox"/> Resident placement (isolation) if needed <input type="checkbox"/> Cleaning and disinfecting care equipment and environment <input type="checkbox"/> Safe laundry and textile handling <input type="checkbox"/> Safe injection practice <input type="checkbox"/> Sharps safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observes staff wearing face covering / mask and, if Community Transmission is high, eye protection for resident encounters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If COVID-19 is suspected, NIOSH-approved N95 or higher-level respirator is used along with gown, gloves, and eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IPC Policies and Procedures				
Has written IPC policies and procedures: <input type="checkbox"/> Standard precautions (see list under Observations) <input type="checkbox"/> Transmission based precautions <input type="checkbox"/> Reference National / State Standards <input type="checkbox"/> Outbreak management <u>Administrative Policies:</u> <input type="checkbox"/> RPP <input type="checkbox"/> Sick Leave and ill HCP management <input type="checkbox"/> Contingency staffing plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provides education and training on COVID-19, sick leave, and IPC practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows guidance for Aerosol Generating Procedures (AGP) use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Group Activities and Communal Dining	Yes	No	N/A	Notes
Individual residents will not participate in group activities until they have discontinued Transmission-Based Precautions for SARS-CoV-2 illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows guidance and identifies when resident in quarantine or isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Cohorting	Yes	No	N/A	Notes
Displays effective cohorting of residents, if possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL NOTES				
Resource Links				
<ul style="list-style-type: none"> • Washington State Local Health Departments and Districts • AL TSA Provider / Administrator Letters • Outbreak Definition COVID-19 Outbreak-Definition.pdf (cste.org) <ul style="list-style-type: none"> ○ FLU Outbreak definition <ul style="list-style-type: none"> ▪ COVID-19 Guidance Documents ▪ CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic ▪ DOH Interim Recommendations for SARS-CoV-2 Infection Prevention and Control in Healthcare Settings ▪ Secretary of Health Order 20-03 Statewide Face Coverings.pdf (wa.gov) ▪ CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 				
Compliance Decision				
	Regulatory Requirement	N/A	Met	Not Met
AFH	WAC 388-76-10255 Infection control. (1) Develops and implements an infection control system that uses nationally recognized infection control standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WAC 388-76-10400 Care and services. (3)(b) IPC care and services actively support the safety of each resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALF	WAC 388-78A-2610 Infection control. (1) Infection control practices prevent and limit the spread of infections. (2) Performs all housekeeping, cleaning, laundry, and infectious waste management of according to IPC standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESF	WAC 388-107-0440 Infection control system. (1) (a) Establishes and maintains an effective infection control program that prevents the development and transmission of disease and infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>