



AGING AND LONG-TERM SUPPORT ADMINISTRATION  
 CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)

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

|                      |                                   |
|----------------------|-----------------------------------|
| PROVIDER'S NAME      |                                   |
| CERTIFICATION NUMBER | INTAKE NUMBER                     |
| ADMINISTRATOR'S NAME | INVESTIGATOR'S / EVALUATOR'S NAME |
| CLIENT NAME(S)       |                                   |

**Instructions:** RCS staff will use the IPC Tool (or Pathway) to evaluate the homes 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 00-413A](#).

The IPC Assessment includes a review of CDC DOH strategies for the preventions 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 client placement (isolation)   | H. Proper handling of needles and sharps                    |

**Offsite Preparation:**

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

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: [. COVID Data Tracker](#)

**Upon entrance, identify / observe the following:**

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

Staff and client wearing 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 clients and visitors) or a higher-risk exposure (for healthcare personnel (HCP)).

| A. Testing, Notification, and Routine IPC Practices   | Yes                      | No                       | N/A                      | Notes |
|---|--------------------------|--------------------------|--------------------------|-------|
| <b>Testing</b>  |                          |                          |                          |       |
| Access to adequate COVID-19 testing for clients and staff   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Outbreak testing for staff and clients  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| <b>Notification</b>   |                          |                          |                          |       |
| <u>Request</u> (not required by rules but requested by department): Communicates known or suspected COVID-19 cases and outbreaks to personnel, Local Health Jurisdiction (LHJ), and 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"/> |       |
| Clients, 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 work 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 client 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>B. Visitor and New Admissions</b>   | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               | <b>Notes</b> |
| Provides accommodation for visitation for all clients  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| Provides clients immediate access to DDA Ombuds and/or Regional LTC Ombuds   | <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"/> |              |
| <b>C. IPC Supplies and Use</b>   | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               | <b>Notes</b> |
| 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"/> |              |
| <b>D. Infection Control Standards, Policies and Procedures</b>   | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               | <b>Notes</b> |
| IPC Standards  |                          |                          |                          |              |
| Evidence of educating and encouraging clients to follow IPC recommended practices to prevent and recognize infection.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| Observe staff are following standard precautions:<br><input type="checkbox"/> Proper hand hygiene<br><input type="checkbox"/> Appropriate staff use of PPE<br><input type="checkbox"/> Respiratory hygiene / cough etiquette<br><input type="checkbox"/> Client placement (isolation) if needed<br><input type="checkbox"/> Cleaning and disinfecting care equipment and environment<br><input type="checkbox"/> Safe laundry and textile handling<br><input type="checkbox"/> Safe injection practice<br><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   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| If COVID-19 is suspected, N95 or higher-level respirator is used along with gown, gloves, and eye protection. Shows effort to obtain if not available  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |

| IPC Policies and Procedures   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| <u>Establishes written IPC policies and procedures:</u><br><ul style="list-style-type: none"> <li>Standard precautions (see list under Observations)</li> <li>Transmission based precautions</li> <li>Reference National / State Standards</li> <li>Outbreak management</li> </ul> <u>Administrative Policies:</u><br><ul style="list-style-type: none"> <li>RPP</li> <li>Sick Leave and ill HCP management</li> <li>Contingency staffing plan</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Provides education and training on COVID-19 and IPC practices to staff, clients, and visitors   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Follows guidance for AGP (Aerosol Generating Procedures) use  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>E. Group Activities and Communal Dining</b>  | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               | <b>Notes</b>             |
| Clients 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 client in quarantine or isolation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>F. Cohorting</b>   | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               | <b>Notes</b>             |
| Displays effective cohorting of clients, if possible  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Collaborates with DOH and/or LHJ in correlation to an outbreak  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| ADDITIONAL NOTES  |                          |                          |                          |                          |
|   |                          |                          |                          |                          |
| <b>Compliance Decision</b>  |                          |                          |                          |                          |
| Regulatory Requirement  |                          |                          | Met                      | Not Met                  |
| <a href="#">WAC 388-101D-0060 Policies and procedures.</a> (1) REQUIREMENT: implements and trains staff to policies and procedures to prevent the spread of infection. Policies should be updated to reflect the most current local, federal and state guidance   |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">WAC 388-101D-0170 Physical and safety requirements.</a> (2) (a) REQUIREMENT: Provides a safe environment that prevents the spread of infection by following current local, federal and state guidance as indicated in policy.   |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">WAC 388-101D-0125 Client rights.</a> (5) REQUIREMENT: Ensures action is taken to provide effective infection prevention and control to eliminate the possibility spreading preventable infection.   |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">WAC 388-101D-0145 Client services.</a> REQUIREMENT: Provides each client instruction and/or support identified in the individual support plan (person centered service plan)  |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| <a href="#">WAC 388-101-3020 Compliance.</a> (5) REQUIREMENT: Has written Respiratory Protection Program and records for training, medical clearance approval and fit testing per <a href="#">Chapter 296-842 WAC</a> Respirators.  |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |