



RESIDENTIAL CARE SERVICES (RCS)  
 ADULT FAMILY HOME (AFH)  
 ASSISTED LIVING FACILITY (ALF)  
 ENHANCED SERVICES FACILITY (ESF)

## RCS (AFH, ALF, ESF) Infection Prevention and Control (IPC) Complaint Investigation Tool

FACILITY NAME	LICENSE NUMBER
PROVIDER / LICENSEE NAME	CD NUMBER
INVESTIGATOR NAME	ENTRANCE DATE
INTAKE NUMBER(S)	

RCS staff will use the IPC Pathway or tool to Investigate IPC related complaints. You are required to submit the Pathway or tool with your working papers. Assess elements through a combination of observations, interviews, and record review throughout the visit.

**Check Yes, No, or N/A.** If "No" is checked, document findings in the notes section and/or on the IPC Assessment notes form, DSHS [00-412A](#). N/A indicates the item was not observed or reviewed or was not relevant to the investigation. Write out (ask) additional questions as needed.

**Interview Questions.** Write response to corresponding letter and number.

Identify and review National and State IPC standards, rules, and definitions applicable to the setting:

- [Standard Precautions](#)
 [Transmission Based Precautions \(TBP\)](#)
 [Notifiable Conditions](#)  
 [Respiratory Protection Program \(RPP\)](#)

Communicable disease outbreak:	Mode of transmission	PPE Plan for the visit (check all that apply):
<input type="checkbox"/> Yes <input type="checkbox"/> No	(check all that apply):	<input type="checkbox"/> None needed <input type="checkbox"/> Eye protection
<input type="checkbox"/> Unknown <input type="checkbox"/> N/A	<input type="checkbox"/> Contact <input type="checkbox"/> Foodborne	<input type="checkbox"/> Use facility PPE <input type="checkbox"/> Source control
Organism:	<input type="checkbox"/> Droplet <input type="checkbox"/> Unknown	<input type="checkbox"/> Full PPE with Fit Tested N95 Respirator
	<input type="checkbox"/> Airborne <input type="checkbox"/> N/A	

Yes	No	N/A	Entrance and Tour Observations	Entrance / Tour Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Process established to make everyone entering the facility aware of an outbreak? If indicated, are visitors alerted to IPC Procedures?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand sanitizer accessible to residents, staff, and visitors?	
Yes	No	N/A	Focused Resident and Staff Observations	Focused Observation Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Resident(s) general appearance and potential infection sources</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Supplies: Use and Availability</b> <ul style="list-style-type: none"> <li>Masks, gowns, gloves, tissues, and waste receptacles.</li> <li>Hand washing / hand sanitizer use and availability.</li> <li>PPE usage – proper don, doff, and disposal.</li> <li>Glove use; handling / bagging of soiled items.</li> </ul>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Room isolation and Isolation Practices</b> <ul style="list-style-type: none"> <li>Implement TBP for confirmed or suspected cases?</li> <li>Hand washing, disposal of infectious items and waste?</li> <li>Cohort / designated staff?</li> <li>Signage posted?</li> <li>Dietary precautions (paper plates, plastic utensils)</li> <li>Staff / visitors follow isolation precautions?</li> </ul>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Cleaning and disinfecting</b> care equipment and environment (technique, timing, and product use)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Safe laundry and textile handling</b> (soiled laundry contained, staff do not hold soiled laundry against torso or clothing)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food safe and sanitary / fluids offered to ill residents.</b> Refer to program specific rules as needed.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Ventilation adequate to prevent inspection spread</b>	



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Provider Interview	Provider Interview Notes
<p><b>A. Ask the provider about outbreak management:</b></p> <ol style="list-style-type: none"> <li>Which residents are affected?</li> <li>Has anyone else been sick with the same symptoms? When?</li> <li>What was the source of infection / outbreak?</li> <li>What have you done / are you doing to prevent the spread of the communicable disease/foodborne illness?</li> <li>Whom have you notified (LHJ, CRU, Before Transport? When?</li> <li>Have the involved residents improved? How do you know?</li> </ol> <p><b>B. Ask the provider to describe infection prevention and control training for staff and residents. Does training include:</b></p> <ol style="list-style-type: none"> <li>Standard precautions including hand hygiene, use of PPE, respiratory hygiene / cough etiquette, isolation, cleaning, and disinfecting care.</li> <li>Transmission-based precautions, when and how to use and dispose of PPE.</li> <li>Equipment and environment, safe handling of laundry and cleaning / disinfecting.</li> <li>Sick leave policies and importance of not reporting or remaining at work when ill.</li> </ol> <p><b>C. Ask the provider how they know or ensure:</b></p> <ol style="list-style-type: none"> <li>Staff are following training.</li> <li>Supplies for handwashing, cleaning / disinfection / tissues are readily available and accessible for residents, staff, and visitors.</li> </ol>	
Resident / Family / Visitors Interview	Res / Fam / Visit Interview Notes
<ol style="list-style-type: none"> <li>Have you been sick (had an infection, fever, chills, severe nausea, diarrhea, other symptoms)?</li> <li>How long were you ill and what were your symptoms?</li> <li>Was anyone else in the facility sick (other residents, staff)?</li> <li>What did the facility do to help you?</li> <li>Do staff wear gloves? When?</li> <li>Do you have concerns about how housekeeping services are done / sanitary practices etc.?</li> </ol>	
Staff Interview	Staff Interview Notes
<ol style="list-style-type: none"> <li>Which residents have been sick (had an infection, fever, chills, severe nausea, diarrhea, other symptoms)?</li> <li>What do you do to prevent the spread of infection from one person to another?</li> <li>Do you have enough PPE (gloves, gowns, masks)?</li> <li>What do you do if you personally or other staff are ill or have an infection?</li> </ol>	
Record Review – Prevention, Testing, Surveillance, and Treatment	Record Review Notes
<ol style="list-style-type: none"> <li>Illness / symptoms promptly identified and timely facility / primary health care provider responses.</li> <li>Outbreak testing done.</li> <li>Treatment or exposure prophylaxis administered as recommended or directed.</li> <li>Ill resident(s) status monitored, surveillance of residents and staff.</li> <li>Follows LHJ guidance for testing and tracking.</li> <li>Notification of representatives, staff, visitors, LHJ.</li> <li>Residents vaccinated or offered vaccination.</li> </ol>	



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Written IPC policies (ALF, ESF), and procedures (AFH) to prevent the spread of infection	Policy and Procedure Notes
<ol style="list-style-type: none"> <li>Standard Precautions.</li> <li>Transmission-based precautions.</li> <li>Reference to National, state, and/or local standards.</li> <li>Outbreak management.</li> <li>Sick leave policies that are non-punitive, flexible, and allow ill staff to stay home, return to work 24 hours after fever resolves (or as advised).</li> </ol>	

Resource Links	
<a href="#">Washington State Local Health Departments and Districts</a> <a href="#">ALTSA Provider / Administrator Letters</a> Outbreak Definitions <ul style="list-style-type: none"> <li><a href="#">COVID-19 (cste.org)</a></li> <li><a href="#">Flu Outbreak Definition (DOH)</a></li> </ul> <a href="#">Alcohol Based Hand Rub (ABHR)</a> <a href="#">Environmental Protection Agency (EPA)</a> <a href="#">Personal Protective Equipment (PPE)</a>	<b>Norovirus References</b> Centers for Disease Control and Prevention - <a href="#">Norovirus</a> DOH - <a href="#">Norovirus</a> resource site DOH Norovirus Outbreak Management <a href="#">Toolkit</a> Checklist: <a href="#">noro-toolkit-outbreak-control-checklist-for-facilities-HC-&amp;-LTC.pdf (uw.edu)</a> <b>Flu (Influenza) Reference</b> DOH Influenza Outbreak in Long Term Care Facilities <a href="#">Frequently Asked Questions</a>

Compliance Decision				
IPC Regulatory Requirement: There may be many related regulations to consider, such as notification, updating assessments and care plans, medication management. Use the regulations below to cite breaches in infection prevention and control practice.		N/A	Met	Not Met
AFH	<a href="#">WAC 388-76-10255 Infection control</a> . The adult family home must develop and implement an infection control system that: (1) Uses nationally recognized infection control standards; (2) Emphasizes frequent hand washing and other means of limiting the spread of infection;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<a href="#">WAC 388-76-10400 Care and services</a> . (3) The care and services in a manner and in an environment that: (b) Actively supports the safety of each resident;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALF	<a href="#">WAC 388-78A-2610 Infection control</a> . (1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections. (2) The assisted living facility must: (e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESF	<a href="#">WAC 388-107-0440 Infection control system</a> . (1) The enhanced services facility must: (a) Establish and maintain an effective infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>