COVID-19 Community Care Facilities Outbreak
Infection Prevention & Control Assessment Tool

Purpose: To help identify areas for improvement in infection prevention and control (IPC) practices to prevent further transmission and further introduction of COVID-19 and other communicable infections.

This checklist should be filled out considering what is **currently** observed or implemented day of visit. This checklist assessment tool is not meant to be comprehensive, and Public Health teams should continue to check the LA County CCF Guidance for any changes and updates. Please also note some checklist items are best practices and do not come directly from state or local written guidance.

NOTE: "Optional" sections and items, labeled and grayed out, are recommended if possible.

FACILITY INFORMATION
Facility Name:
Facility COVID-19 Point-of-Contact
- Name:
- Title (e.g. IP, DON):
- Contact Number:

VISIT INFORMATION
Date of Visit:
Person(s) and Team(s) attending visit:

_____

Type of Visit: ☐In-Person ☐Virtual tour
Team completing form: ☐OMB ☐ACDC

Type of Facility: ☐Community Care Facility (CCF) ☐Other congregate: _____

Special Populations: ☐Memory Care/Dementia ☐Psychiatric care ☐Subacute Rehab ☐Other (e.g. Adolescent, Substance Use): _____

Explanation of checklist items:
- Needs improvement: Facility has room for improvement in this area.
- Yes: Facility meets guidance in this area.
- Not Assessed: This item was not assessed during this visit.

Facility Demographic Updates (To be collected at the beginning of the visit) - OPTIONAL	
Total number of beds in facility: _____ Total current number of residents in the facility: _____ Census for each zone: • Green: Number of beds _____; Current number of residents _____ • Yellow: Number of beds _____; Current number of residents _____ • Red: Number of beds _____; Current number of residents _____ Testing: • Last date of response testing for residents: _____; Number of residents in last response testing: _____; Number of positive residents in last response testing: _____ • Last date of response testing for staff: _____; Number of staff in last response testing: _____; Number of positive staff in last response testing: _____	
Needs Improvement (NI), Yes, Not Assessed (NA)	**I. Entry and Access to Facility**
☐NI / ☐ Yes / ☐NA	Up-to-date signage in relevant languages are clearly observed at entry indicating facility's outbreak status, universal masking, and applicable visitation limitation(s).

☐NI / ☐ Yes / ☐NA	Facility has a procedure for peer-to-peer symptom screening and temperature checks for employees on entry and exit of facility for the beginning and end of shifts.
☐NI / ☐ Yes / ☐NA	Symptom screening and temperature check logs are observed for employees, contracted healthcare professionals, service providers, visitors, etc. on entry to facility.
☐NI / ☐ Yes / ☐NA	Procedures in place to inform EMS, transportation, contracted healthcare professionals, and permitted visitors of facility's outbreak status and relevant resident's COVID-19 status following HIPAA.

Observations & Recommendations:

Needs Improvement (NI), Yes, Not Assessed (NA)	**II. General and Administrative Practices**
☐NI / ☐ Yes / ☐NA	Facility has process to notify residents, families, and staff members about COVID-19 cases occurring in the facility.
☐NI / ☐ Yes / ☐NA	Staff have completed N95 respirator fit testing if using N95 respirators.

Observations & Recommendations:

Needs Improvement (NI), Yes, Not Assessed (NA)	**III. Community Dining, Group Activities, Visitation**
☐NI / ☐ Yes / ☐NA	Designated visitation area(s) outdoors (or indoors if weather prevents outdoor visitation) that adhere to Public Health guidelines are observed.
☐NI / ☐ Yes / ☐NA	All visitor movement to and from designated visitation areas is limited within the facility.
☐NI / ☐ Yes / ☐NA	Non-essential visitors are permitted per Public Health guidance.
☐NI / ☐ Yes / ☐NA	Permitted visitors are provided with instructions and guidelines prior to the date of visitation
☐NI / ☐ Yes / ☐NA	Visitor log documenting 1) entry screening including symptoms, temperature check, close contacts; and 2) contact information is observed on entry to both general facility and Yellow and Red Zones.
☐NI / ☐ Yes / ☐NA	Designated staff established to monitor visitor adherence to infection prevention & control guidelines during visits.
☐NI / ☐ Yes / ☐NA	Communal dining and group activities are suspended, and relevant areas are closed during an outbreak.
☐NI / ☐ Yes / ☐NA	Facility has appropriate plan for re-opening communal dining and group activities after outbreak closure that adhere to Public Health guidelines.

Observations & Recommendations:

Needs Improvement (NI), Yes, Not Assessed (NA)	**IV. Universal Source Control & Physical Distancing**
☐NI / ☐ Yes / ☐NA	Universal source control including universal masking is observed by all staff, contracted healthcare professionals, service providers, and permitted visitors.
☐NI / ☐ Yes / ☐NA	Physical (social) distancing (≥6 ft) for staff and visitors is observed in all common areas including break rooms, lobby/entry area, etc.
☐NI / ☐ Yes / ☐NA	Visual reminders (e.g. stickers on the floor, signage) and environmental changes (e.g. extra chairs removed, extra computer monitors blocked off) are in place to encourage ≥6ft physical distancing.
☐NI / ☐ Yes / ☐NA	Residents outside of their rooms are observed wearing a face mask OR the facility has a procedure to encourage this.
☐NI / ☐ Yes / ☐NA	Residents with cognitive deficits/psychiatric illness are observed receiving reminders to stay in their room & wear face mask OR the facility has a procedure to encourage this.

Observations & Recommendations:

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Needs Improvement (NI), Yes, Not Assessed (NA)	**V. Hand Hygiene**
☐NI / ☐ Yes / ☐NA	Alcohol based hand sanitizers (ABHS) are readily available throughout the entire facility (Green, Yellow, Red Zones) including: ☐ Entry of facility ☐ Donning areas & doffing areas for each Yellow and Red Zone room. ☐ High touch surfaces in common areas: nursing stations, break rooms, clock-in/clock-out monitors, symptom check log at entrances
☐NI / ☐ Yes / ☐NA	Signage in relevant languages about appropriate hand hygiene is posted throughout the entire facility.
☐NI / ☐ Yes / ☐NA	Signage in relevant languages about proper hand washing visibly posted at all hand washing areas.
☐NI / ☐ Yes / ☐NA	Staff observed performing hand hygiene (regardless of glove usage) in the following 5 situations: ☐ Before contact with the resident including before donning PPE; ☐ After contact with blood, body fluids, or visibly contaminated surfaces; ☐ After contact with objects and surfaces in the resident's environment; ☐ Before performing clean procedure (e.g. blood glucose checks, IV insertion, wound dressing) and aseptic procedures (e.g. insertion of an indwelling urinary catheter); and ☐ After contact with the resident including after doffing PPE

Observations & Recommendations:

Needs Improvement (NI), Yes, Not Assessed (NA)	**VI a. Cohorting: Green** (Skip this section if no Green Zone)
☐NI / ☐ Yes / ☐NA	A physically distinct Green Zone is observed with clear & appropriate signage OR If functionally cohorting, then clear signage is observed outside each Green Zone room indicating appropriate PPE needed to enter the rooms as per Guidelines.
☐NI / ☐ Yes / ☐NA	Staff entering resident rooms are observed donning & wearing PPE appropriate for this cohort.
☐NI / ☐ Yes / ☐NA	No inappropriate PPE usage observed: e.g. excessive usage (double masking), improper donning/doffing, sharing of PPE, improper re-use/extended use, etc.
☐NI / ☐ Yes / ☐NA	In multi-occupancy room(s), beds are observed to be ≥ 6ft apart and/or with curtains in between.

Observations & Recommendations:

Needs Improvement (NI), Yes, Not Assessed (NA)	**VI b. Cohorting: Yellow**
☐NI / ☐ Yes / ☐NA	A physically distinct Yellow Zone is observed with clear & appropriate signage OR If functionally cohorting, then clear signage is observed outside each Yellow Zone room indicating appropriate PPE needed to enter the rooms as per Guidelines.
☐NI / ☐ Yes / ☐NA	For the Yellow Zone, the facility has procedures in place and/or observed to further sub-cohort or separate in different rooms: ☐ Symptomatic residents: single occupancy rooms if possible ☐ Residents with indeterminant test results: single occupancy rooms if possible ☐ Higher exposure risk (close contacts of cases e.g. roommates): single occupancy rooms if possible ☐ Lower exposure risk (e.g. dialysis residents, residents with frequent outpatient clinic visits, new admissions, re-admissions)

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☐NI / ☐ Yes / ☐NA	Each resident room in the Yellow Zone includes donning & doffing areas:
	    ☐ Adequately stocked isolation carts outside of the rooms in donning area
	    ☐ PPE donning & doffing signage are observed
	    ☐ Readily accessible ABHS dispensers observed in donning & doffing areas
	    ☐ Clearly labeled bins are accessible upon exiting resident rooms for doffing contaminated PPE

☐NI / ☐ Yes / ☐NA	Staff entering resident rooms are observed donning & wearing PPE appropriate for this zone.
☐NI / ☐ Yes / ☐NA	No inappropriate PPE usage observed: e.g. excessive usage (double masking), improper donning/doffing, sharing of PPE, improper re-use/extended use, etc.
☐NI / ☐ Yes / ☐NA	In multi-occupancy room(s), beds are observed to be ≥ 6ft apart and/or with curtains in between
☐NI / ☐ Yes / ☐NA	Residents have their own private in-room shower room OR shared communal shower room within Yellow Zone (if physically distinct room). (Optional)
☐NI / ☐ Yes / ☐NA	If private in-room shower rooms are not available, facility has procedures to encourage residents in Yellow Zone to receive in-room sponge/bed baths. (Optional)

Observations & Recommendations:

Needs Improvement (NI), Yes, Not Assessed (NA)	**VI c. Cohorting: Red**
☐NI / ☐ Yes / ☐NA	A physically distinct Red Zone is observed with a separate entrance/exit for dedicated staff to use.
☐NI / ☐ Yes / ☐NA	Physically separate breakroom(s), bathroom(s), charting area(s) for use by Red Zone staff are observed.
☐NI / ☐ Yes / ☐NA	Clear signage is observed outside each room indicating appropriate PPE needed to enter the rooms as per Public Health guidelines.

☐NI / ☐ Yes / ☐NA	Each resident room in the Red Zone includes donning & doffing areas:
	    ☐ Adequately stocked isolation carts outside of the rooms in donning area
	    ☐ PPE donning & doffing signage are observed
	    ☐ Readily accessible ABHS dispensers observed in donning & doffing areas
	    ☐ Clearly labeled bins are accessible upon exiting resident rooms for doffing contaminated PPE

☐NI / ☐ Yes / ☐NA	Staff entering resident rooms are observed donning & wearing PPE appropriate for this cohort.
☐NI / ☐ Yes / ☐NA	No inappropriate PPE usage observed: e.g. excessive usage (double masking), improper donning/doffing, sharing of PPE, improper re-use/extended use, etc.
☐NI / ☐ Yes / ☐NA	In multi-occupancy room(s), beds are observed to be ≥ 6ft apart and/or with curtains in between
☐NI / ☐ Yes / ☐NA	Residents have their own private in-room shower room OR shared communal shower room within Red Zone.
☐NI / ☐ Yes / ☐NA	If private in-room shower rooms are not available, facility has procedures to encourage residents in Red Zone to receive in-room sponge/bed baths. (Optional)
☐NI / ☐ Yes / ☐NA	The facility monitors positive residents at least 3 times daily including symptoms, vital signs, and oxygen saturation to identify clinical deterioration. (Optional)
☐NI / ☐ Yes / ☐NA	Dedicated re-useable/durable patient care equipment for Red Zone residents (e.g. thermometers, stethoscopes, BP cuffs, pulse oximeters, etc.)

Observations & Recommendations:

Needs Improvement (NI), Yes, Not Assessed (NA)	**VII. Dietary - OPTIONAL**
☐NI / ☐ Yes / ☐NA	Dietary staff are observed wearing appropriate PPE
☐NI / ☐ Yes / ☐NA	Facility has established procedure to deliver/receive food to Red Zone that avoids staff movement between Red Zone and the rest of the facility.
☐NI / ☐ Yes / ☐NA	Dietary area has sufficient ABHS dispensers and hand washing stations with clear hand hygiene signage in relevant languages.

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Observations & Recommendations:

Needs Improvement (NI), Yes, Not Assessed (NA)	**VIII. Laundry - OPTIONAL**
☐NI / ☐ Yes / ☐NA	Laundry staff are observed wearing appropriate PPE
☐NI / ☐ Yes / ☐NA	Facility has established procedures to launder linens, reusable gowns, etc. for Red Zone separately OR from clean to dirty (e.g. doing Green, then Yellow, then Red laundry last on daily basis).
☐NI / ☐ Yes / ☐NA	ABHS dispensers observed to be readily available in high touch areas in Laundry area.
☐NI / ☐ Yes / ☐NA	EPA-approved, healthcare-grade disinfectants are observed to be readily available in laundry area for use to clean/disinfect all surfaces
☐NI / ☐ Yes / ☐NA	Facility has established procedure to deliver/receive Red Zone laundry to avoid staff movement between Red Zone and the rest of the facility.

Observations & Recommendations:

Needs Improvement (NI), Yes, Not Assessed (NA)	**IX. Environmental Services (EVS)**
☐NI / ☐ Yes / ☐NA	EPA-registered, healthcare-grade disinfectants qualified for use against SARS-CoV-2 is used for cleaning and disinfection. (Optional)
☐NI / ☐ Yes / ☐NA	When asked, EVS and front-line staff know the correct contact or "wet" time for disinfectants and know how to find this information. (Optional)
☐NI / ☐ Yes / ☐NA	High-touch surfaces in common areas, e.g. hand rails, door knobs, medication preparation, staff break rooms, are cleaned and disinfected frequently. ☐ Easy access to disinfectants/cleaners in high-touch areas in common areas
☐NI / ☐ Yes / ☐NA	Established cleaning/disinfecting process for shared reusable/durable resident care equipment (e.g. blood pressure cuffs, pulse oximeters, blood glucose monitors, Hoyer lifts, PT/OT equipment, etc.) that includes: ☐ Cleaning/disinfection before & after each resident care encounter ☐ Easy access to disinfectants in high touch areas
☐NI / ☐ Yes / ☐NA	The cleaning process avoids contamination working from clean to dirty (e.g. top to bottom, patient room to bathroom)
☐NI / ☐ Yes / ☐NA	Cleaning/EVS staff are observed properly donning/doffing PPE that's appropriate for each zone.
☐NI / ☐ Yes / ☐NA	Facility has dedicated cleaning staff for the Red Zone.

Observations & Recommendations:

Needs Improvement (NI), Yes, Not Assessed (NA)	**X. Testing - OPTIONAL**
☐NI / ☐ Yes / ☐NA	Facility is conducting testing consistent with Public Health guidelines: ☐ Re-admissions/admissions ☐ Symptomatic residents ☐ Close contacts, exposed residents ☐ Response testing of staff & residents ☐ Surveillance testing of 25% staff ☐ Surveillance testing of 10% memory care unit residents (if applicable)

Observations & Recommendations:

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Needs Improvement (NI), Yes, Not Assessed (NA)	XI. Staffing - OPTIONAL
☐NI / ☐ Yes / ☐NA	Facility has a contingency plan to obtain more staff for staff shortages if needed.
☐NI / ☐ Yes / ☐NA	Dedicated staff for each zone especially for Red Zone OR facility has procedures for staff movement going from clean to contaminated visiting Red Zone last if staff is shared between zones.
☐NI / ☐ Yes / ☐NA	Facility has established non-punitive sick leave policies
☐NI / ☐ Yes / ☐NA	Facility has established strategies/policies to incentivize staff to work at 1 facility.

Observations & Recommendations:

X. ADDITIONAL COMMENTS /OBSERVATIONS

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