

Self-Assessment of Infection Control Program for State Licensed Homes

Department of Disabilities, Aging & Independent Living - March 19, 2020

Instructions: This self-assessment tool is intended to provide a framework for homes/residences to assess their infection control “readiness”. The intent is for the Manager and the nurse (when there is a nurse on staff or under contract) to go through the items on this tool to assess your own infection control program. The outcome is to either identify that your infection control program is in alignment with healthcare standards (if applicable to your home’s population), or potentially identify gaps in your existing policies and procedures that may need to be filled in during this pandemic related to COVID-19. The goal is to protect Vermont’s vulnerable population by helping you prepare for the coming weeks as the virus potentially spreads through our Vermont communities.

We recognize that Residential Care, Assisted Living, Home for Terminally Ill and Therapeutic Community Residence categories provide care and services to an extremely broad spectrum of people. Your teams are the experts on your building and can best assess, using some guiding principles, what you may need to work on to prepare. **This tool is not a regulatory requirement and the questions do not reflect DAIL policy, this is simply intended to assist your planning efforts.**

I. Infection Control Policy and Procedures

1. Has the facility established a facility-wide Infection Control program including written standards, policies, and procedures that are current and based on national standards?
 Yes
 No

Resources for national standards:

- [VDH COVID-19 info page](#)
- <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

2. Do the policies and procedures ensure all people (including, but not limited to staff, visitors, residents, health-care workers, etc.) are screened using the currently advised screening questions and processes from the Vermont Department of Health and any other screening measures individual facilities deem necessary to allow entrance?
 - Have you traveled outside of Vermont to any of the affected countries or regions?
 - Have you been in contact with a COVID-19 infected person?
 - Have you had any of the following symptoms in the last few days?
 - Respiratory symptoms such as cough?
 - Fever?
 - Difficulty breathing? Yes
 No

3. Do the policies and procedures require hand hygiene immediately upon entrance to the facility for all persons entering or re-entering?
- Yes
 No
4. Does the facility have a policy regarding congregation of residents within the facility that meets the guidelines as set forth by Governor Scott, and the Vermont Department of Health? These include physical distancing of 6 feet between persons, and no congregations of more than ten persons in a room.
- Yes
 No

Resources:

- [Governor's Executive Order 01-20](#)
- [Addendum 1 to Order 01-20](#)
- [Web page for future orders](#)

5. Does the facility have a policy that restrict and/or prohibits visitors from the community, and anyone except essential staff needed to care for residents? Examples of visitors include volunteers, hairdressers, and activity persons.
- Yes
 No
6. Does the facility have a policy to limit residents leaving the facility into the community except for necessary appointments?
- Yes
 No

II. Hand Hygiene

1. Do staff implement standard precautions for hand hygiene and the appropriate use of personal protective equipment (PPE)?
- Yes
 No
2. Are appropriate hand hygiene practices followed? This includes:
- Turn on the faucet and apply soap.
 - Scrub hands for at least 20 seconds and rinse hands.
 - Using a clean paper towel to turn off faucet, open door with towel and dispose of towel in trash.
- Yes
 No

3. Is alcohol-based hand rub (ABHR) readily accessible and placed in appropriate locations?

These may include:

- Entrances to resident rooms.
- At the bedside (as appropriate for resident population).
- In individual pocket-sized containers by healthcare personnel.
- Staff workstations.
- Other convenient locations.

Yes

No

4. Do staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident with COVID-19 symptoms?

Yes

No

5. Do staff perform hand hygiene (even if gloves are used) in the following situations:

a. Before and after contact with the resident?

Yes

No

b. After contact with blood, body fluids, or visibly contaminated surfaces or other objects and surfaces in the resident's environment?

Yes

No

c. After removing personal protective equipment (e.g., gloves, gown, facemask)?

Yes

No

d. Before performing a procedure or task such as catheter care, wound care, etc.?

Yes

No

6. Do staff ensure that resident hand hygiene is performed after toileting and before meals?

Yes

No

7. Are soap, water, and a sink readily accessible in appropriate locations including, but not limited to, resident care areas, food and medication preparation areas?
- Yes
- No

III. Transmission-Based Precautions

1. Has a policy and procedure been developed to isolate residents in-house when there are positive COVID-19 symptoms, or when someone has tested positive for COVID-19 and will be cared for in the home? **NOTE: The Division of Licensing and Protection STRONGLY recommends that each facility immediately develop, if they haven't done so already, a plan to house residents with COVID-19 symptoms or a positive lab test for COVID-19 in the home, using the guidance for self-isolation.**
- Yes
- No

Resources for national standards:

- [VDH COVID-19 info page](#)
- <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

2. Are appropriate transmission-based precautions implemented when caring for anyone diagnosed with or suspected of having COVID019. This includes, but is not limited to:
- a. Don gloves and gowns before contact with the resident and/or his/her environment while on contact precautions.
- Yes
- No
- b. Don facemask within three feet of a resident on droplet precautions.
- c. Don a fit-tested N95 or higher-level respirator prior to room entry of a resident on airborne precautions.
- Yes
- No
- d. Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant prior to use on another resident can we list EPS registered disinfectants?
- Yes
- No

- e. Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare use at least daily and when visibly soiled?
 - Yes
 - No

- f. If possible, using a private bathroom or commode. If using a shared bathroom, it is sanitized after use by each resident.
 - Yes
 - No

IV. Personal Protective Equipment (PPE)

- 1. Do staff appropriately use and discard PPE including, but not limited to, the following:
 - a. Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin?
 - Yes
 - No

 - b. Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin?
 - Yes
 - No

 - c. Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care?
 - Yes
 - No

 - d. A gown is worn for direct resident contact if the resident has uncontained secretions or excretions?
 - Yes
 - No

 - e. A facemask is worn if contact (i.e., within 3 feet) with a resident with new acute cough or symptoms of a respiratory infection (e.g., influenza-like illness)?
 - Yes
 - No

- f. Appropriate mouth, nose, and eye protection (e.g., facemasks, face shield) is worn for performing aerosol-generating and/or procedures that are likely to generate splashes or sprays of blood or body fluids?
 - Yes
 - No

- g. PPE is appropriately discarded after resident care, prior to leaving room, followed by hand hygiene?
 - Yes
 - No

- h. Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are readily accessible in resident care areas?
 - Yes
 - No

V. Laundry Services

- 1. Do staff handle, store, and transport linens appropriately including, but not limited to:
 - a. Using standard precautions (i.e., gloves) and minimal agitation for contaminated linen?
 - Yes
 - No

 - b. Holding contaminated linen and laundry bags away from his/her clothing/body during transport?
 - Yes
 - No

 - c. Bagging/containing contaminated linen where collected, and sorted/rinsed only in the contaminated laundry area (double bagging of linen is only recommended if outside of the bag is visibly contaminated or is observed to be wet on the outside of the bag)?
 - Yes
 - No

- d. Clean linens are transported by methods that ensure cleanliness?
 - Yes
 - No

- e. Ensuring mattresses, pillows, bedding, and linens are maintained in good condition and are clean?
 - Yes
 - No

- f. If a laundry chute is in use, is the chute clean and are laundry bags are closed with no loose items?
 - Yes
 - No

VI. Infection Surveillance

- 1. Has the facility established/implemented a surveillance plan for identifying, tracking, monitoring and reporting of infections?
 - Yes
 - No

- 2. Does the plan include early detection, and isolation of a potentially infectious, symptomatic resident and the implementation of appropriate transmission-based precautions?
 - Yes
 - No

- 3. Does the facility have a current list of reportable communicable diseases including COVID-19?
 - Yes
 - No

- 4. Does the facility know the appropriate agencies to report to, including Vermont Department of Health and the State Licensing Agency?
 - Yes
 - No

- 5. Is the facility prohibiting employees with symptoms of illness including fever, cough, or respiratory symptoms from direct contact with residents or their food?
 - Yes

No