

COVID-19 Infection Prevention and Control Assessment Tool (Tele-ICAR) for Long-Term Care and Assisted Living Facilities



The New Jersey Department of Health (NJDOH) Infection Control and Assessment and Response (ICAR) team recognizes the rapidly changing recommendations and guidelines during these unprecedented times. We extend our sincere gratitude to each and every healthcare team member for the dedication, sacrifice, and determination to provide the best care possible for our New Jersey (NJ) residents during this global pandemic. We hope this will be an opportunity to pause and consider the accomplishments to date in protecting the health and safety of NJ residents.

This tele-ICAR tool is developed by the Centers for Disease Control and Prevention (CDC) and is intended to help long term care (LTC) and assisted living facilities (ALF) to prepare to respond effectively to COVID-19 by evaluating the status of their current response activities. This voluntary tool is intended to be self-administered by LTC and ALF facilities and can be found at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml.

The tele-ICAR tool focuses on the following key strategies and prevention activities for COVID-19 response:

- Keep COVID-19 out of the facility.
- Identify infections, as early as possible.
- Prevent spread of COVID-19 in the facility.
- Assess and optimize personal protective equipment (PPE) supplies.
- Identify and manage severe illness in patients/residents.
- Educate, monitor, and screen healthcare personnel (HCP) and patients/residents.
- Ensure adherence to recommended infection prevention and control (IPC) practices.
- Communicate with local and state health departments and other healthcare facilities.

Findings from the assessment can be used to target facility-specific IPC preparedness and/or containment activities that healthcare facilities can immediately focus on while continuing to keep their patients/residents and HCP safe. Please complete this tool and submit it to the NJ ICAR team at CDS.ICAR@doh.nj.gov or via fax at 609-292-5811, at your earliest convenience.

The NJDOH ICAR team is available for virtual consultations to support IPC activities. If you are interested in a consultative appointment, please complete the tele-ICAR assessment and check the box indicating such. A member of the ICAR team will follow-up to coordinate a **one-hour scheduled virtual appointment with the NJ ICAR team**. We appreciate your partnership and look forward to continually improving the health and well-being of NJ residents.

 INFECTION CONTROL ASSESSMENT & RESPONSE <small>NEW JERSEY DEPARTMENT OF HEALTH</small>	Interested in virtual tele-ICAR consultation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Send completed forms to CDS.ICAR@doh.nj.gov or via fax to 609-292-5811	

Instructions: Please answer the questions in the space provided. If additional information is needed, please review the guidance available on the CDC Preparing for COVID-19: Long-term Care Facilities, Nursing Homes at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>. Any additional questions can be directed to the NJ ICAR team at CDS.ICAR@doh.nj.gov.

Demographics

Facility Point of Contact (POC) Name: _____
 Facility POC Title: _____
 POC Phone: _____
 POC E-mail Address: _____
 Facility Name: _____
 Facility County: _____
 Date: _____

- Number of beds in the facility: _____
 - Total number of patients/residents in the facility: _____
 - Total number of staff in the facility: _____
 - Total number of units: _____
- Specialty Units (check all that apply):** Vent/trach Dialysis Dementia/Memory
 Skilled Nursing Subacute Rehab Psychiatric care

Which of the following situations apply to the facility? (Select all that apply)

- No cases of COVID-19 currently reported in the surrounding community
- Cases reported in the surrounding community
- Sustained transmission reported in the surrounding community
- Cases identified in their facility (either among HCP and/or patients/residents)
- Cluster of ILI in facility (either among HCP and/or patients/residents)

Have you received any prior information specific to prevention transmission of COVID-19? (Select all that apply)

- No
- Yes, from the state health department
- Yes, from the local health department
- Yes, from Centers for Disease Control and Prevention (CDC)
- Yes, from Centers for Medicare and Medicaid Services (CMS)
- Yes, from another source: _____

Visitor restrictions and non-essential person restrictions

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
Facility restricts all visitation except for certain compassionate care situations, such as end-of-life.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Visitor restrictions and non-essential person restrictions (cont'd)		
Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
Decisions about visitation are made on a case-by-case basis.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Potential visitors are screened prior to entry for fever or symptoms of COVID-19. Those with symptoms are not permitted to enter the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visitors that are permitted inside, must wear a cloth face covering (e.g., practice source control) while in the building and restrict their visit to the patient's/resident's room or other location designated by the facility. They are also reminded to frequently perform hand hygiene.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Non-essential personnel including volunteers and non-medical service providers (e.g., salon, barbers) are restricted from entering the building.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility has sent a communication (e.g., letter, email) to families advising them that no visitors will be allowed in the facility except for certain compassionate care situations, such as end-of-life, and that alternative methods for visitation such as video conferencing will be made available. (https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/Long-Term-Care-letter.pdf)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility has provided alternative methods for visitation such as video conferencing for patients/residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility has posted signs at entrances to the facility advising that no visitors may enter the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Education, monitoring, and screening of HCP		
Facility has provided education and refresher training to HCP (including consultant personnel) about the following: <ul style="list-style-type: none"> • COVID-19 (e.g., symptoms, how it is transmitted) <input type="checkbox"/> • Sick leave policies and importance of not reporting to or remaining at work when ill <input type="checkbox"/> • New policies for source control while in the facility <input type="checkbox"/> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility monitors HCP adherence to recommended IPC practices, including: <ul style="list-style-type: none"> • Hand hygiene <input type="checkbox"/> • Selection and use of PPE; have HCP demonstrate competency with putting on and removing PPE <input type="checkbox"/> • Cleaning and disinfecting environmental surfaces and patient/resident care equipment <input type="checkbox"/> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility is aware of staffing needs and has a plan in the event of staffing shortages.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education, monitoring, and screening of HCP (cont'd)		
Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
<p>Facility has implemented universal use of facemasks or cloth face coverings for HCP (for source control) while in the facility.</p> <ul style="list-style-type: none"> Facility has provided staff with education to use facemask or respirator if more than source control is required. <input type="checkbox"/> <p>Note: If there are shortages of facemasks, facemasks should be prioritized for HCP and then for patients/residents with symptoms of COVID-19 (as supply allows). Cloth face coverings are not considered PPE and should not be worn instead of a respirator or facemask if more than source control is required.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>All HCP are reminded to practice social distancing when in break rooms and common areas.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>All HCP (including ancillary staff such as dietary and housekeeping and consultant personnel) are screened at the beginning of their shift for fever and symptoms of COVID-19 (actively records their temperature and documents absence of shortness of breath, new or change in cough, sore throat, and muscle aches).</p> <ul style="list-style-type: none"> If they are ill, they are instructed to keep their cloth face covering or facemask on and leave the facility. HCP with suspected or confirmed COVID-19 should notify their supervisor at any facility where they work. <input type="checkbox"/> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Facility keeps a list of symptomatic HCP</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Education, monitoring, and screening, and cohorting of patients/residents		
<p>Facility has provided education to patients/residents about the following:</p> <ul style="list-style-type: none"> COVID-19 (e.g., symptoms, how it is transmitted) <input type="checkbox"/> Importance of immediately informing HCP if they feel feverish or ill <input type="checkbox"/> Actions they can take to protect themselves (e.g., hand hygiene, covering their cough, maintaining social distancing) <input type="checkbox"/> Actions the facility is taking to keep them safe (e.g., visitor restrictions, changes in PPE use, canceling group activities and communal dining) <input type="checkbox"/> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Facility assesses patients/residents for fever and symptoms of COVID-19 (shortness of breath, new or change in cough, sore throat, muscle aches) upon admission and at least daily throughout their stay in the facility.</p> <ul style="list-style-type: none"> Patients/residents with suspected COVID-19 are immediately placed in appropriate Transmission-Based Precautions. <input type="checkbox"/> <p>Note: Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education, monitoring, and screening, and cohorting of patients/residents (cont'd)

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
Facility keeps a list of symptomatic patients/residents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility has stopped group activities inside the facility and field trips outside of the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility has stopped communal dining.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Patients/residents are encouraged to remain in their rooms. <ul style="list-style-type: none"> • If there are cases in the facility, patients/residents are restricted (to the extent possible) to their rooms except for medically necessary purposes. <input type="checkbox"/> • If patients/residents leave their rooms, they wear a cloth face covering or facemask, perform hand hygiene, limit movement in the facility, and perform social distancing. <input type="checkbox"/> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility bundles patient/resident care and treatment activities to minimize entries into patient/resident rooms, for example, by having clinical staff clean and disinfect high-touch surfaces when in a room.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The facility monitors ill patients/residents at least 3 times daily including evaluating symptoms, vital signs, oxygen saturation via pulse oximetry to identify and quickly manage clinical deterioration.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility has dedicated a space in the facility to care for patients/residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort patients/residents with COVID-19. <ul style="list-style-type: none"> • Facility has dedicated a team of primary HCP staff to work only in this area of the facility. <input type="checkbox"/> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility has a plan for how patients/residents in the facility who develop COVID-19 will be handled (e.g., transfer to single room, prioritize for testing, transfer to COVID-19 unit if positive). <ul style="list-style-type: none"> • Closely monitor roommates and other patients/residents who may have been exposed to an individual with COVID-19 and, if possible, avoid placing unexposed patients/residents into a shared space with them. <input type="checkbox"/> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility has a plan for managing new admissions and readmissions whose COVID-19 status is unknown.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
<p>Facility uses all recommended COVID-19 PPE for the care of all patients/residents on affected units (or facility wide depending on the situation).</p> <p>Note: COVID-19 PPE includes gloves, gowns, facemasks, N-95 or higher-level respirators (if facility has a respiratory protection program and HCP are fit-tested) and eye protection (face shield or goggles). Because of the higher risk of unrecognized infection among patients/residents, universal use of all recommended COVID-19 PPE for the care of all patients/residents on the affected unit (or facility) is recommended when even a single case among patients/residents or HCP is identified in the facility; this should also be considered when there is sustained transmission in the community.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Availability of PPE and other supplies</p>		
<p>Facility has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand sanitizer, EPA-registered disinfectants, tissues). https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>If PPE shortages are identified or anticipated, facility has engaged their health department and/or healthcare coalition for assistance.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Facility has implemented measures to optimize current PPE supply. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>COVID-19 PPE is available in patient/resident care areas including outside patient/resident rooms.</p> <p>Note: COVID-19 PPE includes gloves, gowns, facemasks, N-95 or higher-level respirators (if facility has a respiratory protection program and HCP are fit-tested) and eye protection (face shield or goggles).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 (the virus that causes COVID-19) are available to allow for frequent cleaning of high-touch surfaces and shared patient/resident care equipment.</p> <p>Note: See EPA List N: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Tissues and trash cans are available in common areas and patient/resident rooms for respiratory hygiene and cough etiquette and source control.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

IPC practices		
Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
<p>HCP perform hand hygiene in the following situations:</p> <ul style="list-style-type: none"> • Before patient/resident contact, even if gloves will be worn <input type="checkbox"/> • After contact with the patient/resident <input type="checkbox"/> • After contact with blood, body fluids, or contaminated surfaces or equipment <input type="checkbox"/> • Before performing an aseptic task <input type="checkbox"/> • After removing PPE <input type="checkbox"/> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Facility has preference for alcohol-based hand sanitizer over soap and water</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>HCP wear the following PPE when caring for patients/residents with suspected or confirmed COVID-19</p> <ul style="list-style-type: none"> • Gloves <input type="checkbox"/> • Isolation gown <input type="checkbox"/> • N-95 or higher-level respirator (or facemask if a respirator is not available), Eye protection (goggles or face shield) <input type="checkbox"/> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>PPE are removed in a manner to prevent self-contamination and hand hygiene is performed.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Hand hygiene supplies are available in all patient/resident care areas.</p> <ul style="list-style-type: none"> • Alcohol-based hand sanitizer* with 60-95% alcohol is available in every patient/resident room and other patient/resident care and common areas. <input type="checkbox"/> <p>Note: If there are shortages of alcohol-based hand sanitizer, hand hygiene using soap and water is still expected.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Hand hygiene and PPE compliance are audited.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Non-dedicated, non-disposable patient/resident care equipment is cleaned and disinfected after each use.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 (the virus that causes COVID-19) are available to allow for frequent cleaning of high-touch surfaces and shared patient/resident care equipment.</p> <ul style="list-style-type: none"> • Add name of EPA-registered disinfectant used in facility to notes section <input type="checkbox"/> <p>Note: See EPA List N: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

IPC practices (cont'd)		
Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
Facility is aware of the contact time for the EPA-registered disinfectant and shares this information with HCP. Note: The contact time is how long a disinfectant needs to remain on a surface for it to be effective. The surface needs to be wet the entire time. Contact times can range from 30 seconds to 10 minutes; often the product is dry after 1-2 minutes so this may mean reapplying more until that contact time is met, per the manufacturer's instructions for use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
EPA-registered disinfectants are prepared and used in accordance with label instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Communication		
Facility notifies their local and state health department about any of the following: <ul style="list-style-type: none"> • COVID-19 is suspected or confirmed in a patient/resident or HCP <input type="checkbox"/> • A patient/resident has severe respiratory infection resulting in hospitalization or death <input type="checkbox"/> • A cluster of new-onset respiratory symptoms among patients/residents or HCP (≥3 cases over 72 hours) <input type="checkbox"/> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility has process to notify patients/residents, families, and staff members about COVID-19 cases occurring in the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility communicates information about known or suspected patients/residents with COVID-19 to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities such as dialysis and acute care facilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Resources

CDC, Coronavirus (COVID-19)

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

CDC, Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html>

NJDOH, COVID-19: Information for Healthcare Professionals

https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml

NJDOH, Healthcare Associated Infections, ICAR Resources

<https://www.nj.gov/health/cd/topics/hai.shtml>