

COVID-19 Infection Prevention Tool - Demographics

Thank you for using the long-term care infection prevention assessment tool for COVID-19!

We hope that this tool will help you prepare for and respond to cases of COVID-19 in your facility. For more infection prevention resources for long-term care facilities, please see the NC DHHS website or the NC Statewide Program for Infection Control and Epidemiology (NC SPICE) website.

If you have any questions about this survey, please contact us at:

NC DHHS: nchai@dhhs.nc.gov

NC SPICE: evelyn_cook@med.unc.edu

Response was added on 11-12-2020 09:18.

RPS Region	<input checked="" type="radio"/> 6
Assessment Completed By	Tamiko Gland
Date of Assessment	11-04-2020
Facility Name	Accordius Health at Aberdeen
Facility County	<input checked="" type="radio"/> Moore
Facility Type	<input checked="" type="checkbox"/> Skilled nursing facility <input checked="" type="checkbox"/> Nursing home
Number of Licensed Beds	98
Facility Certified by CMS	<input checked="" type="radio"/> Yes
Facility Licensed by State	<input checked="" type="radio"/> Yes
Facility License Number	970412
Facility Affiliated with Hospital	<input checked="" type="radio"/> Yes
Hospital Name	First Health Regional
Contact Person	Donald Brown / Tarena Campbell
Contact Person's Title	Adminstrator ? DON
Contact Person's Phone	(910) 944-8999

Contact Person's Email	dobrown@accordiusaberdeen.com
Total Staff Hours per Week Dedicated to Infection Prevention	<input checked="" type="radio"/> 30-40
Which of the following situations apply to the facility? Choose the most appropriate answer.	<input checked="" type="radio"/> Cases reported in their community
How many days supply does the facility have of the following PPE and alcohol-based hand sanitizer (ABHS)?	
Facemasks	21
N-95 or higher level respirators	21
Isolation gowns	21
Eye protection	21
Gloves	21
ABHS	30
Notes	No current positive COVID -19 staff or residents in facility, 1 in hospital at time of visit.

COVID-19 Infection Prevention Tool - Visitor Restrictions

Please answer all multiple-choice questions in this survey. There is an optional notes section below each multiple choice question in case you would like to provide any additional context, but you are not required to write anything there.

Note: Home care agencies do not need to complete this survey module.

Response was added on 11-12-2020 09:22.

Facility follows current NC DHHS and CMS guidance for visitation, including suspending indoor visitation until 14 days following the symptom onset/test date of the most recent COVID-19 case.	<input checked="" type="checkbox"/> Yes
Notes	Visits allowed at window or scheduled outside visitation specific area.
Potential visitors (including non-essential personnel [e.g., volunteers] and non-essential consultant personnel [e.g., barbers]) are screened prior to entry for fever or respiratory symptoms. Those with symptoms are not permitted to enter the facility.	<input checked="" type="checkbox"/> Yes
Visitors that are permitted inside must wear a facemask in the building and restrict their visit to the resident's room or other location designated by facility, per NC DHHS guidance.	<input checked="" type="checkbox"/> Yes
Notes	only hospice patient allowed in room visitaion
Visitors are reminded to frequently perform hand hygiene, maintain social distancing, and follow other visitation procedures.	<input checked="" type="checkbox"/> Yes
Facility has sent a communication (e.g., letter, email) to families describing current visitation policies and procedures.	<input checked="" type="checkbox"/> Yes
Notes	Social worker keeps families notified per letter template
Facility has provided alternative methods of visitation (e.g., video conferencing) for residents.	<input checked="" type="checkbox"/> Yes
Notes	Visits allowed at window or scheduled outside visitation specific area. KIndels
Facility has posted signs at entrances to the facility listing current visitation policies and procedures.	<input checked="" type="checkbox"/> Yes

COVID-19 Infection Prevention Tool - Education, Monitoring, and Screening of Healthcare Personnel (HCP)

Please answer all multiple-choice questions in this survey. There is an optional notes section below each multiple choice question in case you would like to provide any additional context, but you are not required to write anything there.

Response was added on 11-12-2020 09:25.

Facility screens all HCP (including consultant personnel) at the beginning of their shift for fever and respiratory symptoms (actively takes their temperature and documents absence of shortness of breath, new or change in cough, and sore throat).

Always

If HCP are ill, they are instructed to put on a mask and return home.

Always

Facility keeps a list of symptomatic HCP.

Yes

Notes

DON keeps line listing

Dedicated HCP are assigned to work with COVID-19 positive patients. These personnel do not interact with other staff or residents.

Yes
(If you do not have any COVID-19 patients in your facility, please respond with your current COVID-19 plan.)

Personnel who work at multiple facilities are assigned to a single facility until COVID-19 transmission in the community has been contained.

Yes

Notes

stated do not use staff from multiple facilities

Facility has provided education and refresher training to HCP (including consultant personnel) about the following:

COVID-19 (e.g., symptoms, how it is transmitted)

Yes

Sick leave policies and importance of not reporting to or remaining at work when ill

Yes

Adherence to recommended IP practices, including hand hygiene, selection and use of PPE (including donning and doffing), and cleaning/disinfecting environmental surfaces and resident care equipment

Yes

Any changes to usual policies/procedures in response to PPE or staffing shortages

N/A (no changes made)

COVID-19 Infection Prevention Tool - Education, Monitoring, and Screening of Residents

Please answer all multiple-choice questions in this survey. There is an optional notes section below each multiple choice question in case you would like to provide any additional context, but you are not required to write anything there.

Response was added on 11-12-2020 11:57.

Facility assesses residents for fever and symptoms of respiratory infection upon admission and at least daily throughout their stay in the facility, including atypical symptoms such as new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these atypical symptoms should prompt isolation and further evaluation from COVID-19 if it is circulating in the community.	<input checked="" type="radio"/> Always
Residents with suspected respiratory infection are immediately placed on appropriate transmission-based precautions.	<input checked="" type="radio"/> Always
Facility performs appropriate monitoring of ill residents, including documentation of pulse oximetry if available, at least 3 times daily to quickly identify residents who require transfer to a higher level of care.	<input checked="" type="radio"/> Always (If you do not have any COVID-19 patients in your facility, please respond with your current COVID-19 plan.)
Facility keeps a list of symptomatic residents.	<input checked="" type="radio"/> Yes
Facility has dedicated wing or area to manage patients with COVID-19 which is separate from other residents and personnel in non-COVID area.	<input checked="" type="radio"/> Yes (If you do not have any COVID-19 patients in your facility, please respond with your current COVID-19 plan.)
Notes	zero in house at this time, one in hospital not in use
Facility is following current guidance on communal dining and group activities.	<input checked="" type="radio"/> Yes
Facility has residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis or chemotherapy) wear a facemask whenever they leave their room, including for procedures outside of the facility.	<input checked="" type="radio"/> Always
Have HCP wear all recommended PPE (gown, gloves, eye protection, and respirator or facemask) for care of all residents in isolation or quarantine, regardless of symptoms. Refer to strategies for optimizing PPE when shortages exist.	<input checked="" type="radio"/> Always

Residents are encouraged to remain in their room. If residents leave their room, they wear a facemask, perform hand hygiene, limit movement in the facility, and practice social distancing.	<input checked="" type="checkbox"/> Yes (If you do not have any COVID-19 patients in your facility, please respond with your current COVID-19 plan.)
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Cohort ill residents with dedicated HCP.	<input checked="" type="checkbox"/> Yes (If you do not have any COVID-19 patients in your facility, please respond with your current COVID-19 plan.)
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Facility has provided education to residents about the following:

COVID-19 (e.g., symptoms, how it is transmitted)	<input checked="" type="checkbox"/> Yes
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Importance of immediately informing HCP if they feel feverish or ill	<input checked="" type="checkbox"/> Yes
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Actions they can take to protect themselves (e.g., hand hygiene, covering their cough, maintaining social distancing)	<input checked="" type="checkbox"/> Yes
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Actions the facility is taking to keep them safe (e.g., visitor restrictions, changes in PPE, canceling group activities and communal dining)	<input checked="" type="checkbox"/> Yes
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COVID-19 Infection Prevention Tool - Availability of PPE and Other Supplies

Please answer all multiple-choice questions in this survey. There is an optional notes section below each multiple choice question in case you would like to provide any additional context, but you are not required to write anything there.

Response was added on 11-12-2020 11:41.

Facility has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand sanitizer, EPA-registered disinfectants, tissues).

Yes

If PPE shortages are identified or anticipated, facility will make an urgent PPE request through the Office of Emergency Medical Services.

Yes

Facility has implemented measures to optimize current PPE supplies, which include options for extended use, reuse, and alternatives to PPE.

Always

For example, under extended use, the same facemask and eye protection may be worn during the care of more than one resident. Gowns could be prioritized for select activities such as activities where splashes and sprays are anticipated (including aerosol generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of HCP.

Additional options and details are available here:

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

Hand hygiene supplies are available in all resident care areas.

Always

Alcohol-based hand sanitizer with 60-95% alcohol is available in every resident room, hallway, and other resident care and common areas.

Always

Note: If there are shortages of ABHS, hand hygiene with soap and water is still expected.

Sinks are stocked with soap and paper towels.

Always

PPE is available in resident care areas (e.g., outside resident rooms) and is easily accessible to staff. 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).

Always

EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.

Always

Note:
see
EPA
List
N:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Increased frequency of environmental cleaning while COVID-19 transmission is occurring in the community.

Always

Tissues are available in common areas and resident rooms for respiratory hygiene, cough etiquette, and source control.

Always

COVID-19 Infection Prevention Tool - Infection Prevention and Control Practices

Please answer all multiple-choice questions in this survey. There is an optional notes section below each multiple choice question in case you would like to provide any additional context, but you are not required to write anything there.

Response was added on 11-12-2020 11:47.

HCP wear the following PPE when caring for residents with undiagnosed respiratory illness, unless the suspected diagnosis requires airborne precautions (e.g., tuberculosis): gloves, isolation gown, facemask or respirator, and eye protection (e.g., goggles or face shield)

Always

Note: if COVID-19 is suspected, an N-95 or higher level respirator is preferred if available and the facility has a respiratory protection program with fit-tested HCP; facemasks are an acceptable alternative.

Notes

Facility has capability for fit testing and is fit testing.

PPE are removed in a manner to prevent self-contamination, hand hygiene is performed, and new PPE are put on after each resident except as noted in CDC's extended use and reuse guidance.

Always

Notes

Educated to DONN prior entering room and to dispose of DOFFED PPE in proper trash receptacle prior to exiting in room.

Facility has implemented universal use of facemasks for everyone, including all staff, residents, visitors, and non-essential personnel, while in the facility. If facemasks are in short supply, they are prioritized for direct care personnel.

Always

Facility ensures that all visitors and non-essential personnel are compliant with all recommended infection prevention practices.

Always

All HCP are reminded to practice social distancing when in break rooms or common areas.

Always

Non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use.

Always

EPA-registered disinfectants are prepared and used in accordance with label instructions.

Always

HCP perform hand hygiene in the following situations:

Before resident contact, even if PPE is worn	<input checked="" type="checkbox"/> Always
After contact with the resident	<input checked="" type="checkbox"/> Always
After contact with blood, body fluids, or contaminated surfaces or equipment	<input checked="" type="checkbox"/> Always
Before performing sterile procedure	<input checked="" type="checkbox"/> Always
After removing PPE	<input checked="" type="checkbox"/> Always
If COVID-19 has been identified in the facility, have HCP wear all recommended PPE (gown, gloves, eye protection, and N95 respirator or facemask) for the care of all residents in isolation or quarantine, regardless of presence of symptoms. Refer to strategies for optimizing PPE when shortages exist.	<input checked="" type="checkbox"/> Always (If you do not have any COVID-19 patients in your facility, please respond with your current COVID-19 plan.)

COVID-19 Infection Prevention Tool - Communication

Please answer all multiple-choice questions in this survey. There is an optional notes section below each multiple choice question in case you would like to provide any additional context, but you are not required to write anything there.

Response was added on 11-12-2020 11:50.

Facility communicates information about known or suspected COVID-19 patients to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to other healthcare facilities.

Always

Facility notifies the health department about any of the following:

- COVID-19 is suspected or confirmed in a resident or healthcare provider
- A resident has severe respiratory infection
- A cluster (e.g., ≥ 3 residents or HCP with new-onset respiratory symptoms over 72 hours) of residents or HCP with symptoms of respiratory infection is identified.

Always

Facility has a plan to acquire temporary staff on short notice in case of an emergency staffing shortage.

Yes

Facility can provide points of contact with state and local health departments.

Yes

Notes

Stated Melissa Frayley is contact with local health department