**Wisconsin Healthcare-Associated Infections (HAI) Prevention Program**

**Infection Prevention and Control Assessment Tool (Tele-ICAR)**

***Last update: 4/21/2020***

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| **ICAR Conducted By:** | **Date:** |
|  |  |

**Call Start Time:**

1. **Demographics:**

|  |  |  |  |
| --- | --- | --- | --- |
| Facility POC Name |  | | |
| Facility POC Title |  | | |
| POC Phone |  | | |
| POC Email Address |  | | |
| Facility Name |  | | |
| Facility Address |  | | |
| Facility County |  | | |
| Other people on the call |  | | |
| Number of beds in the facility |  | | |
| Total number of 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  *These units have residents at higher risk for poor outcomes. Vent/trach units provide respiratory support and dementia/memory units are often secured, and limit resident movement to other locations.* | | |
| **Which of the following situations apply to the facility? (Select all that apply)**  **In the Facility**  Cases (include suspected, probable, and confirmed) identified in their facility (either among HCP and/or residents). If yes, please specify the number of cases among:  Residents:  HCPs:  Cluster of influenza-like illness (ILI) in facility (either among HCP and/or residents):  Residents:  HCPs:  Number of cases hospitalized  Residents:  HCPs:  Have there been any resident deaths related to a respiratory illness in the past few weeks? Y/N  If yes, were those residents tested for COVID-19? Y/N  Was the local health department made aware of suspected, probable, or confirmed cases? Y/N  **In the Community**  No cases of COVID-19 currently reported in the surrounding community  Cases reported in the surrounding community  Sustained transmission reported in the surrounding community  Additional notes:  **Have you received any prior information specific to prevention transmission of COVID-19? (Select all that apply)**  No  Yes, from the health department  Yes, from Centers for Medicare and Medicaid Services (CMS)  Yes, from another source | | | |
| **II. Visitor restrictions and nonessential 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 situations. | |  |  |
| Decisions about visitation are made on a case-by-case basis. | |  |  |
| Potential visitors are screened prior to entry for fever or symptoms of COVID-19. Those with symptoms are not permitted to enter the facility. | |  |  |
| Visitors that are permitted inside must wear a cloth face covering while in the building and restrict their visit to the resident's room or other location designated by the facility. They are also reminded to frequently perform hand hygiene. | |  |  |
| Nonessential personnel, including volunteers and non-medical service providers (for example, salon, barbers) are restricted from entering the building. | |  |  |
| Facility has sent a [communication](https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/Long-Term-Care-letter.pdf) (for example, 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 by the facility. | |  |  |
| Facility has provided alternative methods for visitation, such as video conferencing, for residents. | |  |  |
| Facility has posted signs at entrances to the facility advising that no visitors may enter the facility. | |  |  |
| **III. Education, monitoring, and screening of health care personnel (HCP)** | | | |
| **Elements to be assessed** | | **Assessment (Y/N)** | **Notes/Areas for Improvement** |
| Facility has provided education and refresher training to HCP (including consultant personnel) about the following:   * COVID-19 (for example, symptoms, how it is transmitted) * Sick leave policies and importance of not reporting to or remaining at work when ill * New policies for source control while in the facility | |  |  |
| Facility monitors HCP adherence to recommended IPC practices, including:   * Hand hygiene * Selection and use of PPE; have HCP demonstrate competency with putting on and removing PPE * Cleaning and disinfecting environmental surfaces and resident care equipment | |  |  |
| Any changes to usual policies/procedures in response to PPE. | |  |  |
| Facility is aware of staffing needs and has a plan in the event of staffing shortages. | |  |  |
| Facility has implemented universal use of facemasks or cloth face coverings for HCP (for source control) while in the facility. | |  |  |
| Facility has provided staff with education to use facemask or respirator if more than source control is required. | |  |  |
| All HCP are reminded to practice social distancing when in break rooms and common areas. | |  |  |
| 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).  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. | |  |  |
| Facility keeps a list of symptomatic HCP | |  |  |
| **IV. Education, monitoring, and screening, and cohorting of residents** | | | |
| **Elements to be assessed** | | **Assessment (Y/N)** | **Notes/Areas for Improvement** |
| Facility has provided education to residents about the following:   * COVID-19 (for example, symptoms, how it is transmitted) * Importance of immediately informing HCP if they feel feverish or ill * Actions they can take to protect themselves (for example, hand hygiene, covering their cough, maintaining social distancing) * Actions the facility is taking to keep them safe (for example, visitor restrictions, changes in PPE use, canceling group activities and communal dining) | |  |  |
| Facility assesses 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.  Residents with suspected COVID-19 are immediately placed in appropriate Transmission-Based Precautions.  **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. Many develop symptoms quickly. | |  |  |
| Facility keeps a list of symptomatic residents (link to respiratory infection surveillance tool): <https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>) | |  |  |
| Facility has stopped group activities inside the facility and field trips outside of the facility. | |  |  |
| Facility has stopped communal dining. | |  |  |
| Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community (some facilities may choose to implement these earlier)  Residents are encouraged to remain in their rooms.   * If there are cases in the facility, residents are restricted (to the extent possible) to their rooms except for medically necessary purposes. * If residents leave their rooms, they wear a cloth face covering or facemask, perform hand hygiene, limit movement in the facility, and perform social distancing. | |  |  |
| Facility bundles resident care and treatment activities to minimize entries into resident rooms, for example, by having clinical staff clean and disinfect high-touch surfaces when in a room. | |  |  |
| The facility monitors **ill** residents at least three times daily including evaluating symptoms, vital signs, and oxygen saturation via pulse oximetry to identify and quickly manage clinical deterioration. | |  |  |
| Facility has dedicated a space in the facility to care for 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 residents with COVID-19.  Facility has dedicated a team of primary HCP staff to work only in this area of the facility. | |  |  |
| Facility has a plan for how residents in the facility who develop COVID-19 will be handled (for example, transfer to single room, prioritize for testing, transfer to COVID-19 unit if positive). | |  |  |
| Facility has a plan for managing new admissions and readmissions whose COVID-19 status is unknown. | |  |  |
| Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community  Facility uses all recommended PPE for the care of all residents on affected units (or facility wide depending on the situation).  Because of the higher risk of unrecognized infection among residents, universal use of [all recommended PPE](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html) for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or HCP is identified in the facility; this should also be considered when there is sustained transmission in the community. The local health department can assist with decisions about testing of asymptomatic residents. | |  |  |
| **V. Availability of PPE and Other Supplies** | | | |
| **Elements to be assessed** | | **Assessment (Y/N)** | **Notes/Areas for Improvement** |
| Facility has assessed current supply of PPE and other critical materials (for example, alcohol-based hand sanitizer, EPA-registered disinfectants, tissues). (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>) | |  |  |
| If PPE shortages are identified or anticipated, facility has engaged their local health department for assistance. | |  |  |
| Facility has implemented measures to optimize current PPE supply (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>). | |  |  |
| PPE is available in resident care areas including outside resident rooms.  PPE here 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). | |  |  |
| 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. | |  |  |
| Tissues and trash cans are available in common areas and resident rooms for respiratory hygiene and cough etiquette and source control. | |  |  |
| **VI. Infection Prevention and Control Practices** | | | |
| **Elements to be assessed** | | **Assessment**  **(Y/N)** | **Notes/Areas for Improvement** |
| HCP perform hand hygiene in the following situations:   * Before resident contact, even if gloves will be worn * After contact with the resident * After contact with blood, body fluids, or contaminated surfaces or equipment * Before performing an aseptic task * After removing PPE | |  |  |
| Facility has preference for alcohol-based hand sanitizer over soap and water | |  |  |
| HCP wear the following PPE when caring for residents with suspected or confirmed COVID-19   * Gloves * Isolation gown * N-95 or higher-level respirator (or facemask if a respirator is not available) * Eye protection (goggles or face shield) | |  |  |
| PPE are removed in a manner to prevent self-contamination and hand hygiene is performed. | |  |  |
| Hand hygiene supplies are available in all resident care areas.  Alcohol-based hand sanitizer\* with 60-95% alcohol is available in every resident room and other resident care and common areas.  \*If there are shortages of alcohol-based hand sanitizer, hand hygiene using soap and water is still expected. | |  |  |
| Hand hygiene and PPE compliance are audited. | |  |  |
| Non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use. | |  |  |
| 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.   * \*See EPA List N: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2> * Name of EPA-registered disinfectant(s) used in facility:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |
| Facility is aware of the contact time for the EPA-registered disinfectant and shares this information with HCP. | |  |  |
| EPA-registered disinfectants are prepared and used in accordance with label instructions. | |  |  |
| **VII. Communication** | | | |
| **Elements to be assessed** | | **Assessment**  **(Y/N)** | **Notes/Areas for Improvement** |
| Facility notifies the local health department about any of the following:   * COVID-19 is suspected or confirmed in a resident or HCP * A resident has severe respiratory infection resulting in hospitalization or death * A cluster of new-onset respiratory symptoms among residents or HCP | |  |  |
| Facility has process to notify residents, families, and staff members about COVID-19 cases occurring in the facility. | |  |  |
| Facility communicates information about known or suspected 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. | |  |  |

**Duration of call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**