

COVID-19 Focused Infection Control Survey

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CMS MEMORANDUM – MARCH 23, 2020 **(Ref: QSO-20-20-All)**

On Friday, March 13, 2020, the President declared a national emergency, which triggers the Secretary's ability to authorize waivers or modifications of certain requirements pursuant to section 1135 of the Social Security Act (the Act).

Under section 1135(b)(5) of the Act, CMS is prioritizing surveys by authorizing modification of timetables and deadlines for the performance of certain required activities, delaying revisit surveys, and generally exercising enforcement discretion for three weeks.



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CMS MEMORANDUM – MARCH 23, 2020

During the prioritization period, the following surveys will **not** be authorized:

- Standard surveys for long term care facilities (nursing homes), hospitals, home health agencies (HHAs), intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), and hospices. This includes the life safety code and Emergency Preparedness elements of those standard surveys;
- Revisits that are not associated with IJ. As a result, the following enforcement actions will be suspended, until revisits are again authorized:
 - For nursing homes – Imposition of Denial of Payment for New Admissions (DPNA), including situations where facilities that are not in substantial compliance at 3 months, will be lifted to allow for new admissions during this time;
 - For HHAs – Imposition of suspension of payments for new admissions (SPNA) following the last day of the survey when termination is imposed will be lifted to allow for new admissions during this time;
 - For nursing homes and HHAs – Suspend per day civil money penalty (CMP) accumulation, and imposition of termination for facilities that are not in substantial compliance at 6 months.
- For CLIA, we intend to prioritize immediate jeopardy situations over recertification surveys.



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CMS MEMORANDUM – MARCH 23, 2020

The Focused Infection Control Survey is available to every provider in the country to make them aware of Infection Control priorities during this time of crisis, and providers and suppliers may perform a voluntary self-assessment of their ability to meet these priorities.



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CMS MEMORANDUM – MARCH 23, 2020

If state or federal surveyors are unable to meet the Personal Protective Equipment (PPE) expectations outlined by the latest CDC guidance to safely perform an onsite survey due to lack of appropriate PPE supplies, they are instructed to refrain from entering the /provider, and obtain information necessary remotely, to the extent possible.

Surveyors should continue the survey once they have the necessary PPE to do so safely.



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CMS MEMORANDUM – MARCH 23, 2020

Instructions for Nursing Homes

- CDC is disseminating the Infection Control survey developed by CMS and CDC so facilities can educate themselves on the latest practices and expectations.
- Facilities are expected to use this new process, in conjunction with the latest guidance from CDC, to perform a voluntary self-assessment of their ability to prevent the transmission of COVID-19.
- This document may be requested by surveyors, if an onsite investigation takes place. Nursing homes are encouraged to voluntarily share the results of this assessment with their state or local health department Healthcare-Associated Infections (HAI) Program.
- Contact information for each state's health departments is identified on the Centers for Disease Control & Prevention's (CDC's) website at: <https://www.cdc.gov/HAI/state-based/index.html>.



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CMS MEMORANDUM – MARCH 23, 2020

Instructions for Nursing Homes

- Facilities are required to have a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility, and when and to whom possible incidents of communicable disease or infections should be reported (42 CFR 483.80(a)(2)(i) and (ii)).
- CDC recommends that nursing homes notify their health department about residents with severe respiratory infection, or a cluster of respiratory illness (e.g., > or = 3 residents or HCP with new-onset respiratory symptoms within 72 hours).
- Monitor the CDC website for information and resources to help prevent the introduction and spread of COVID-19 in nursing homes (CDC Preparing for COVID-19: Long-term Care Facilities, Nursing Homes: <https://www.cdc.gov/coronavirus/2019ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>).
- Providers are urged to review the tools and implement actions to protect the health and safety of individuals to respond to the COVID-19 pandemic.



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LIMITATIONS ON VISITORS

REF. QSO-20-14 <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>

For ALL facilities nationwide:

- Facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation.
- In those cases, visitors will be limited to a specific room only.
- Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.).

Note: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a governor's executive order, a facility would not be out of compliance with CMS' requirements. In this case, surveyors would still enter the facility, but not cite for noncompliance with visitation requirements.



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LIMITATIONS ON VISITORS

REF. QSO-20-14 <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>

End-of-Life Care/Hospice Considerations

- For individuals that enter in compassionate situations (e.g., end-of-life care), facilities should require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks.
- Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms.
- Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations).
- Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.



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CMS MEMORANDUM – MARCH 23, 2020 Instructions for Nursing Homes

Access for Healthcare Staff

- CMS is aware that some providers (nursing homes, assisted living facilities, etc.) have significantly restricted entry for staff from other Medicare/Medicaid certified providers who are providing direct care to patients.
- In general, if the staff is appropriately wearing PPE, and do not meet criteria for restricted access, they should be allowed to enter and provide services to the patient (interdisciplinary hospice care, dialysis, organ procurement, home health, etc.).



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COVID-19 Focused Survey Tool

- This survey tool must be used to investigate compliance at F880 and determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections.
- Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities.
- Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey.
- Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.



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COVID-19 Focused Survey Tool

Surveyor(s) reviews for:

- The overall effectiveness of the Infection Prevention and Control Program (IPCP) including IPCP policies and procedures;
- Standard and Transmission-Based Precautions;
- Quality of resident care practices, including those with COVID-19 (laboratory-positive case), if applicable;
- The surveillance plan;
- Visitor entry and facility screening practices;
- Education, monitoring, and screening practices of staff; and
- Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19



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COVID-19 Focused Survey Tool Standard and Transmission-Based Precautions (TBPs)

- CMS is aware that there is a scarcity of some supplies in certain areas of the country. Facilities will not be cited for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control.
- Facilities are expected to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible.
- Other practices include, optimizing their current supply by prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines).



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COVID-19 Focused Survey Tool Standard and Transmission-Based Precautions (TBPs)

- Current CDC guidance for healthcare professionals is located at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> and healthcare facilities is located at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>.
- Guidance on strategies for optimizing PPE supply is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.



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COVID-19 Focused Survey Tool Standard and Transmission-Based Precautions (TBPs)

- General Standard Precautions
- Hand Hygiene
- Personal Protective Equipment (PPE)
- Transmission-Based Precautions

Question to Surveyor:

- Did staff implement appropriate Standard (e.g., hand hygiene, appropriate use of PPE, environmental cleaning and disinfection, and reprocessing of reusable resident medical equipment) and Transmission-Based Precautions (if applicable)? Ref. F880



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COVID-19 Focused Survey Tool Standard and Transmission-Based Precautions (TBPs)

Resident Care

- If there is sustained community transmission or case(s) of COVID-19 in the facility, is the facility restricting residents (to the extent possible) to their rooms except for medically necessary purposes?
 - If there is a case in the facility, and residents have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (efforts are made to keep them at least 6 feet away from others).
 - If PPE shortage is an issue, facemasks should be limited to residents diagnosed with or having signs/symptoms of respiratory illness or COVID-19.
- Has the facility cancelled group outings, group activities, and communal dining? Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations?



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COVID-19 Focused Survey Tool Standard and Transmission-Based Precautions (TBPs)

- For the resident who develops severe symptoms of illness and requires transfer to a hospital for a higher level of care, did the facility alert emergency medical services and the receiving facility of the resident's diagnosis (suspected or confirmed COVID-19) and precautions to be taken by transferring and receiving staff as well as place a facemask on the resident during transfer (as supply allows)?
- For residents who need to leave the facility for care (e.g. dialysis, etc.), did the facility notify the transportation and receiving health care team of the resident's suspected or confirmed COVID-19 status?
- Does the facility have residents who must leave the facility regularly for medically necessary purposes (e.g., residents receiving hemodialysis and chemotherapy) wear a facemask (if available) whenever they leave their room, including for procedures outside of the facility?



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COVID-19 Focused Survey Tool Standard and Transmission-Based Precautions (TBPs)

IPCP Standards, Policies and Procedures

- Did the facility establish a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?
- Does the facility's policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?
- Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

Question to Surveyor:

- Does the facility have a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?



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COVID-19 Focused Survey Tool Standard and Transmission-Based Precautions (TBPs)

Infection Surveillance

- How many residents and staff in the facility have fever, respiratory signs/symptoms, or other signs/symptoms related to COVID-19? How many residents and staff have been diagnosed with COVID-19 and when was the first case confirmed?
- How many residents and staff have been tested for COVID-19? What is the protocol for determining when residents and staff should be tested?
- Has the facility established/implemented a surveillance plan, based on a facility assessment, for identifying (i.e., screening), tracking, monitoring and/or reporting of fever (at a minimum, vital signs are taken per shift), respiratory illness, and/or other signs/symptoms of COVID-19 and immediately isolate anyone who is symptomatic?
- Does the plan include early detection, management of a potentially infectious, symptomatic resident that may require laboratory testing and/or Transmission-Based Precautions/PPE (the plan may include tracking this information in an infectious disease log)?



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COVID-19 Focused Survey Tool Standard and Transmission-Based Precautions (TBPs)

- Does the facility have a process for communicating the diagnosis, treatment, and laboratory test results when transferring a resident to an acute care hospital or other healthcare provider; and obtaining pertinent notes such as discharge summary, lab results, current diagnoses, and infection or multidrug-resistant organism colonization status when residents are transferred back from acute care hospitals?
- Can appropriate staff (e.g., nursing and unit managers) identify/describe the communication protocol with local/state public health officials? Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

Question to Surveyor:

- Did the facility provide appropriate infection surveillance?



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COVID-19 Focused Survey Tool Standard and Transmission-Based Precautions (TBPs)

Visitor Entry

Review for compliance of:

- Screening processes and criteria (i.e., screening questions and assessment of illness);
- Restriction criteria; and
- Signage posted at facility entrances for screening and restrictions as well as a communication plan to alert visitors of new procedures/restrictions.



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COVID-19 Focused Survey Tool Standard and Transmission-Based Precautions (TBPs)

- For those permitted entry, are they instructed to:
 - Monitor for signs and symptoms of COVID-19 and appropriate actions to take if signs and/or symptoms
 - Frequently perform hand hygiene;
 - Limit their interactions with others in the facility and surfaces touched;
 - Restrict their visit to the resident's room or other location designated by the facility; and
 - Offered PPE (e.g., Facemask) as supply allows?

What is the facility's process for communicating this information?

Question to Surveyor:

- Did the facility perform appropriate screening, restriction, and education of visitors?



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COVID-19 Focused Survey Tool Standard and Transmission-Based Precautions (TBPs)

Education, Monitoring, and Screening of Staff

- Is there evidence the facility has provided education to staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?
- How does the facility convey updates on COVID-19 to all staff?
- Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?



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COVID-19 Focused Survey Tool Standard and Transmission-Based Precautions (TBPs)

- If staff develop symptoms at work (as stated above), does the facility:
 - Place them in a facemask and have them return home;
- Inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and
- Follow current guidance about returning to work (e.g., local health department, CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>).

Question to Surveyor:

- Did the facility provide appropriate education, monitoring, and screening of staff?



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COVID-19 Focused Survey Tool

Standard and Transmission-Based Precautions (TBPs)

Emergency Preparedness - Staffing in Emergencies

- Policy development: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the residents when needed during an emergency, such as a COVID-19 outbreak?
- Policy implementation: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the residents? (N/A if a emergency staff was not needed)

Question to Surveyor:

Did the facility develop and implement policies and procedures for staffing strategies during an emergency?



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OffSite Survey Activity	Onsite Survey Activity	Facility Self-Assessment
<ul style="list-style-type: none"> • For facilities with an active COVID-19 case, the survey team should contact their State Survey Agency (SSA), the state health department, and CMS Regional Location to coordinate activities for these facilities. • Ensure surveyors are medically cleared, and have personal protective equipment (PPE) that could be required onsite. • Conduct offsite planning to limit interruptions to care while onsite. Obtain information on: <ul style="list-style-type: none"> ○ Facility-reported information; ○ CDC, state/local public health reports; ○ Available hospital information regarding patients transferred to the hospital; and/or ○ Complaint allegations. • Identify survey activities that will be conducted offsite, such as: <ul style="list-style-type: none"> ○ Medical record review ○ Telephonic interviews, such as: <ul style="list-style-type: none"> ▪ Surveillance policies ▪ First onset of symptoms ▪ Communication to facility leaders and health officials ○ Policy/Procedure Review <ul style="list-style-type: none"> ▪ Infect. Control/Prev. Plan ▪ Emerg. Prep. Plan, including contingency strategies (e.g., staffing) • Conduct survey exit discussion telephonically and draft the CMS-2567 offsite. 	<ul style="list-style-type: none"> • Limit the onsite team to one to two surveyors. • Identify onsite assignments for activities, such as: <ul style="list-style-type: none"> Resident Care Observations: <ul style="list-style-type: none"> ○ Hand hygiene practices ○ Proper use/discarding of PPE ○ Cleansing medical equipment ○ Effective Transmission-Based Precautions Environmental observations: <ul style="list-style-type: none"> ○ Signage at entrances and resident rooms ○ Screening (staff at shift change, entrances, limiting nonessential staff) ○ Hand hygiene stations Interviews: <ul style="list-style-type: none"> ○ Policy/Procedure knowledge ○ Surveillance for sign/symptoms ○ Notifying local health officials • Adhere to all CDC guidance for infection prevention and control related to COVID-19. • Provide the facility with the COVID-19 Entrance Conference worksheet and utilize this to request necessary information. • Identify and arrange for interviews that can be done telephonically. • Be alert of other immediate jeopardy (IJ) situations that may be present, and investigate appropriately. 	<p>Facilities should utilize the COVID-19 Focused Survey for Nursing Homes as a self- assessment tool. Priority areas for self- assessment include all of the following:</p> <ol style="list-style-type: none"> 1. Standard Precautions; <ol style="list-style-type: none"> a. Hand hygiene b. Use of PPE c. Transmission-Based Precautions 2. Resident care (including resident placement); 3. Infection prevention and control standards, policies and procedures; 4. Infection surveillance; 5. Visitor entry (i.e., screening, restriction, and education); 6. Education, monitoring, and screening of staff; and 7. Emergency preparedness – staffing in emergencies



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COVID-19 Focused Infection Control Survey: Acute and Continuing Care

- Limitations on Visitation
- General Standard Precautions
 - Hand Hygiene
 - Personal Protective Equipment (PPE)
- Transmission-Based Precautions



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COVID-19 Focused Infection Control Survey: Aerosol – Generating Procedures

- Appropriate mouth, nose, clothing, gloves, and eye protection (e.g., N95 or higher-level respirator, if available; face shield, gowns) is worn for performing aerosol-generating and/or procedures that are likely to generate splashes or sprays of blood or body fluids and COVID-19 is suspected;
- Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
 - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.
 - The number of staff present during the procedure should be limited to only those essential for care and procedure support.
 - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
 - Clean and disinfect procedure room surfaces promptly as and with appropriate disinfectant. Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;



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COVID-19 Focused Infection Control Survey: Acute and Continuing Care

Standards, Policies and Procedures

- Did the facility establish a facility-wide IPCP including written standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?
- Does the facility's policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?
- Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.



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COVID-19 Focused Infection Control Survey: Acute and Continuing Care

Infection Surveillance

- Does the facility know how many patients in the facility have been diagnosed with COVID-19 (suspected and confirmed)?
- The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of fever, respiratory illness, or other signs/symptoms of COVID-19.



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COVID-19 Focused Infection Control Survey: Acute and Continuing Care

- The plan includes early detection, management of a potentially infectious, symptomatic patient and the implementation of appropriate transmission-based precautions/PPE.
- The facility has a process for communicating the diagnosis, treatment, and laboratory test results when transferring patients to an acute care hospital or other healthcare provider.
- Can appropriate staff (e.g., nursing and leadership) identify/describe the communication protocol with local/state public health officials? Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.



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COVID-19 Focused Infection Control Survey: Acute and Continuing Care

Education, Monitoring, and Screening of Staff

- Is there evidence the provider has educated staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?
- How does the provider convey updates on COVID-19 to all staff?
- Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?



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COVID-19 Focused Infection Control Survey: Acute and Continuing Care

- If staff develop symptoms at work (as stated above), does the facility:
 - Have a process for staff to report their illness or developing symptoms;
 - Place them in a facemask and have them return home for appropriate medical evaluation;
 - Inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and

Follow current guidance about returning to work (e.G., Local health department, CDC: <https://www.Cdc.Gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.Html>).



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COVID-19 Focused Infection Control Survey: Acute and Continuing Care

Emergency Preparedness - Staffing in Emergencies

- Policy development: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the patients when needed during an emergency, such as a COVID-19 outbreak?
- Policy implementation: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the patient? (N/A if a emergency staff was not needed)



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Considerations Specifically for Surveys of Hospitals and Critical Access Hospitals

Patient Care

- Is the facility restricting patients (to the extent possible) to their rooms except for medically necessary purposes?
 - If patients have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (stay at least 6 feet away from others).
 - If PPE shortage is an issue, facemasks should be limited to patients diagnosed with
- COVID-19 or has signs/symptoms of respiratory illness or COVID-19.
- Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations?



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Considerations Specifically for Surveys of Hospitals and Critical Access Hospitals

Environmental Cleaning

- During environmental cleaning procedures, personnel wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection)?
- Environmental surfaces in patient care areas are cleaned and disinfected, using an EPA-registered disinfectant on a regular basis (e.g., daily), when spills occur and when surfaces are visibly contaminated?
 - Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations; <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).
- The hospital decontaminates spills of blood or other body fluids according to its policies and procedures, using appropriate EPA-registered hospital disinfectants?



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Additional Considerations Specifically for Dialysis Facility Surveys

Hand Hygiene Considerations

- Perform handwashing with soap and water at dedicated handwashing sinks if hands are visibly soiled (see § 494.30(a)(1)(i))
- Remove gloves and perform hand hygiene between each patient or dialysis station

Isolation Considerations

- Ensure dedicated machines, equipment, instruments, supplies, and medications that will not be used to care for non-isolation patients.



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Additional Considerations Specifically for Dialysis Facility Surveys

Cleaning and Disinfection Considerations

- Items taken to the dialysis station must be either disposed of, dedicated for use on a single patient or cleaned and disinfected before being taken to a common clean area or used on another patient
- Use proper aseptic technique during vascular access care, medication preparation and administration
- Proper cleaning and disinfection of the dialysis station including the dialysis machine, chair, prime waste receptacle, reuseable acid and bicarbonate containers after the previous patient fully vacates the station. Clean areas should be clearly designated for the preparation, handling and storage of medications and unused supplies and equipment.
- Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled.
- Proper disposal of bio-hazard waste



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Offsite Survey Activity	Onsite Survey Activity	Facility Self-Assessment
<ul style="list-style-type: none"> • If the survey team plans to enter a facility with an active COVID-19 case, the survey team should contact their State Survey Agency (SA), the state health department, and CMS Regional Location to coordinate activities for these facilities. • SAs should ensure surveyors are medically cleared, trained in the appropriate use of and have needed personal protective equipment (PPE) that could be required onsite. • Conduct offsite planning to limit interruptions to care while onsite. Obtain information on: <ul style="list-style-type: none"> ○ Facility-reported information; ○ CDC, state/local public health reports; ○ Complaint allegations. • Identify survey activities that will be conducted offsite, such as: <ul style="list-style-type: none"> ○ Medical record review ○ Telephonic interviews ○ Facility Policy/Procedure review • Conduct any survey exit discussion with the facility by telephone and draft the CMS-2567 offsite. 	<ul style="list-style-type: none"> • If the survey team identifies an active COVID-19 case after entering a facility, the survey team should contact their SA, the state health department, and CMS Regional Location to coordinate activities for the facility. • Limit the onsite team to one to two surveyors. • Identify onsite assignments for activities, such as: <ul style="list-style-type: none"> Observations: <ul style="list-style-type: none"> ○ Hand hygiene practices ○ Proper use/discarding of PPE ○ Cleansing medical equipment ○ Effective Transmission-Based Precautions Interviews: <ul style="list-style-type: none"> ○ Policy/Procedure knowledge ○ Surveillance for sign/symptoms ○ Notifying local health officials • Adhere to all CDC guidance for infection prevention and control related to COVID-19. • Identify and arrange for interviews that can be done telephonically. • Be alert of other immediate jeopardy (IJ) situations that may be present, and investigate appropriately. 	<p>Facilities should utilize the COVID-19 Focused Survey as a self-assessment tool. Priority areas for self-assessment include all of the following:</p> <ol style="list-style-type: none"> 1. Standard Precautions; <ol style="list-style-type: none"> a. Hand hygiene b. Use of PPE c. Transmission-Based Precautions 2. Patient care (including patient placement); 3. Infection prevention and control standards, policies and procedures (hand hygiene, PPE, cleaning and disinfection, surveillance); 4. Visitor entry (i.e., screening, restriction, and education); 5. Education, monitoring, and screening of staff; and 6. Emergency preparedness – staffing in emergencies

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Creating Meaningful, Satisfying Lives One Person at a Time



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