



**STATE OF NEW HAMPSHIRE  
HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM**

**COVID-19 RESPONSE TOOLKIT FOR  
LONG TERM CARE FACILITIES**

August 4, 2020

*New Hampshire Department of Health and Human Services  
Division of Public Health Services*

## TABLE OF CONTENTS

**\*Note: August 4th updates are in orange.**

Table of Contents	Page #
<b>Section 1: Public Health Response</b>	
<a href="#">Public Health Response to COVID-19 in Long Term Care (CDC)*</a>	3
<a href="#">Infection Prevention and Control Assessment Tool (Tele-ICAR)</a>	6
<b>Section 2: Personal Protective Equipment</b>	
<a href="#">Donning and Doffing Personal Protective Equipment N95 Seal Check (CDC)</a>	19
<a href="#">3 Key Factors for N95 to work (CDC)</a>	22
<a href="#">PPE Burn Rate Calculator</a>	24
<b>Section 3: Communication with Residents &amp; Families</b>	
<a href="#">Letter to Residents and Families (CDC)*</a>	25
<b>Section 4: Monitoring Infection Control</b>	
<a href="#">Hand Hygiene Observation Template (California)</a>	26
<a href="#">Daily Cleaning Inspection Form (APIC)</a>	28
<a href="#">Discharge/Terminal Cleaning Inspection Form (APIC)</a>	31
<a href="#">Adherence Monitoring for Environmental Services (California)</a>	23
<a href="#">Adherence Monitoring for Environmental Services (GlowGerm) (California)</a>	33
<b>Section 5: <a href="#">Resources</a></b>	34

## Public Health Response to COVID-19 in Long Term Care Facilities August 4, 2020

Monitor information from public health officials for key updates in public health response:

- o [NH COVID-19 Website](#)
- o [NH Health Alert Network](#) (To sign up email [health.alert@nh.gov](mailto:health.alert@nh.gov))
- o [CMS Current Emergencies Dashboard](#)
- o [CDC "What's New?"](#)

At baseline facilities should adhere to current NH DPHS [recommendations](#) including:

- Follow guidance for restricting [visitors](#), nonessential staff, and volunteers.
- Follow guidance for allowing limited [group activities and communal dining](#).
- All long-term care facility personnel should wear a facemask while they are in the facility.
- Residents should cover their nose/mouth when outside of their rooms and when staff enter their rooms.
- Continue active screening for all. (See NH DHHS [screening tool](#)).
  - o Every individual entering the building (including healthcare personnel, staff, visitors, and vendors) should be screened upon entry for any symptoms of illness and must have their temperature checked.
    - For staff who are screened out, follow [Return to Work Criteria and Crisis Staffing Guidelines](#).
  - o Residents should be actively screened using vital signs and pulse oximetry at least daily. (If COVID-19 is suspected or confirmed in the facility, increase to 3 times daily).
- Recommended PPE for suspect or confirmed COVID-19 patients:
  - o Gloves, eye protection, gown, and N95 or surgical facemask
    - Surgical facemask for routine evaluation and sample collection for COVID-19 testing
    - N95 or higher-level respirator for aerosol-generating procedures (e.g., sputum induction, nebulizer use, intubation)
    - **If available, consider using an N95 or higher-level respirator when evaluating patients with confirmed COVID-19, or for symptomatic suspect patients who may be at higher risk of aerosolizing respiratory droplets (e.g., patients with significant frequent coughing, sneezing, etc.).**
- Consider exercising [consistent assignment](#) (assign staff to certain residents). If possible, do not float staff.
- Notify NH DHHS about residents or staff with respiratory symptoms by calling 603-271-4496 (after-hours 603-271-5300).

**Take the following immediate action items to respond to a newly identified COVID-19 case (For more details see "[Responding to COVID-19 Outbreaks in LTCF](#)"):**

**If a healthcare worker worked with symptoms of COVID-19 or worked 48 hours before symptom onset:**

- Prioritize these HCP COVID-19 testing. Exclude HCP with COVID-19 from work until they have met all [return to work criteria](#).
- Determine which residents received direct care from and which HCP had unprotected exposure to HCP who worked with symptoms consistent with COVID-19 or in the 48 hours prior to symptom onset.
  - o Residents who were cared for by these HCP should be restricted to their room and be cared for using all recommended COVID-19 PPE until results of HCP COVID-19 testing are known. If the HCP is diagnosed with COVID-19, residents should be cared for using all recommended COVID-19 PPE until 14 days after last exposure and prioritized for testing if they develop symptoms.
- Exposed HCP should be assessed for risk and need for work exclusion.
- Coordinate further testing at your facility. (See [testing](#) section below).

**If a COVID-19 resident is identified in a facility:**

- Ensure the resident is isolated and cared for using [all recommended COVID-19 PPE](#). Place the resident in a single room if possible pending results of SARS-CoV-2 testing. [See more detailed recommendations on cohorting residents.](#)
- If the resident is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care unit.
- Roommates of residents with COVID-19 should be considered exposed and potentially infected.
- Temporarily halt admissions to the facility, at least until the extent of transmission can be clarified and interventions can be implemented.
- Increase monitoring of all residents from daily to every shift to more rapidly detect any residents with new symptoms. Include assessment of symptoms, temperature, heart rate, blood pressure (as needed), and oxygen saturation. For ill residents, include respiratory exam.
- Restrict residents to their room to the extent possible.
- Healthcare Personnel (HCP) should use all [recommended COVID-19 PPE](#) for the care of all residents on affected units (or facility-wide if cases are widespread); this includes both symptomatic and asymptomatic residents.
- Notify HCP, residents, and families and reinforce basic infection control practices within the facility (e.g., hand hygiene, PPE use, environmental cleaning).
  - [Promptly \(within 12 hours\) notify HCP, residents, and families about identification of COVID-19 in the facility:](#)
- Monitor hand hygiene and PPE use in affected areas (see observation template below).
- Coordinate further testing at your facility. (See [testing section](#) below).
- Maintain [Transmission-Based Precautions](#) for all residents on the unit at least until there are no additional clinical cases for 14 days after implementation of all recommended interventions.
- The incubation period for COVID-19 can be up to 14 days and the identification of a new case within a week to 10 days of starting the interventions does not necessarily represent a failure of the interventions implemented to control transmission.

### Testing for outbreak response:

- After a single case of COVID-19 is identified in a facility, all residents in the affected unit (or all residents in the facility) should be tested for COVID-19.
- If your facility experiences a case of COVID-19, the Cluster Investigation team will work with you to coordinate large-scale testing as part of outbreak response. Call [603-271-4496](tel:603-271-4496).
- Review CDC's recommendations for testing and re-testing in nursing homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>
- If you suspect COVID-19 in a resident or staff member, know that testing of symptomatic staff and residents is prioritized at the State Public Health Lab. (See [HAN #10](#)).

### Point prevalence surveys (PPS) and sentinel surveillance:

- Outside of testing for outbreak response, state initiatives for testing asymptomatic LTCF staff and residents exist to identify persons who may unknowingly have COVID-19 and transmit it within the LTCF setting.
  - The purpose of point prevalence surveys and sentinel surveillance testing in LTCF is to 1) describe the scope and magnitude of the COVID-19 outbreak and 2) inform additional infection prevention and control efforts to further limit transmission.
  - State testing initiatives have included the Point Prevalence Program ("baseline testing") which has concluded, and the COVID-19 Resident and Staff Sentinel Surveillance Program (CRSSSP), which is ongoing.
  - To inquire about or schedule large scale testing contact the NH DHHS COVID-19 Coordinating Office ([603-271-5980](tel:603-271-5980)) or email [covidtesting@dhhs.nh.gov](mailto:covidtesting@dhhs.nh.gov).

**Note: Negative test results do not ensure lack of transmission. COVID-19 exposed residents who are asymptomatic should continue to be quarantined for 14 days after their exposure.**

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

This is an infection control assessment and response tool (ICAR) that can be used to help nursing homes prepare for coronavirus disease 2019 (COVID-19). This tool may also contain content relevant for assisted living facilities.

The items assessed support the key strategies of:

- Keeping COVID-19 out of the facility
- Identifying infections as early as possible
- Preventing spread of COVID-19 in the facility
- Assessing and optimizing personal protective equipment (PPE) supplies
- Identifying and managing severe illness in residents with COVID-19

The areas assessed include:

- Visitor restriction
- Education, monitoring, and screening of healthcare personnel<sup>1</sup> (HCP)
- Education, monitoring, and screening of residents
- Ensuring availability of PPE and other supplies
- Ensuring adherence to recommended infection prevention and control (IPC) practices
- Communicating with the health department and other healthcare facilities

Findings from the assessment can be used to target specific IPC preparedness activities that nursing homes can immediately focus on while continuing to keep their residents and HCP safe.

## Additional Information for Personnel Conducting Assessments:

- The assessment includes a combination of staff interviews and direct observation of practices in the facility and can be conducted in-person or remotely (e.g., Tele-ICAR via phone or video conferencing). Provide a copy of the tool to the facility before completing the Tele-ICAR and encourage nursing home staff to take their own notes as you conduct the assessment.
- Background information in the light green boxes above each section being assessed provides context for the ICAR user. You should not read this aloud during the assessment process but can refer to it as additional information.
- Keep in mind that the goal of the assessment is to convey key messages to nursing homes and identify their COVID-19-specific preparedness needs. Note any IPC questions and concerns and address them after the ICAR is completed. If you need additional support and technical assistance during an assessment, know that you can engage state HD healthcare-associated infections/antibiotic resistance (HAI/AR) Program leads for support.
- Assessment activities provide an opportunity for dialogue and information sharing.
  - » Discuss the purpose of the assessment. Emphasize that it is not a regulatory inspection and is designed to ensure the facility is prepared to quickly identify and prevent the spread of COVID-19.
  - » Promote discussion by asking additional questions to prompt or probe. Use this opportunity to address concerns and offer available resources.

<sup>1</sup>Health care personnel (HCP) are defined as paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials



- To help you facilitate conversations with facilities, sample questions are provided in italics above each element being assessed. You do not have to ask these questions; however, they offer suggestions to help you continue the discussion, if needed. Be aware of applicable federal, state, county, or city rules, regulations such as CMS requirements for nursing homes and life safety code, and state government proclamations that may affect implementation of recommended practices.
- Provide feedback or a high-level summary immediately after the assessment, including elements in place and areas for improvement.
  - » Consider providing a copy of your assessment or a brief summary with feedback, answers to the facility's questions, and recommended next steps directly to the facility within 2-3 days.
- Consider scheduling a follow-up call with the facility after the assessment findings are shared.

Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

*Good morning/afternoon. My name is \_\_\_\_\_ and I am calling from the \_\_\_\_\_ Department of Health. May I speak with someone who is in charge of infection prevention and control (IPC) at your facility?*

*Greetings, \_\_\_\_\_. My name is \_\_\_\_\_ and I am calling to discuss infection prevention and control (IPC) preparedness activities that your facility can immediately put into place to combat COVID-19 while continuing to keep your residents and healthcare personnel safe. I would like to go through an IPC consultation with you and your team, that is non-regulatory in nature and meant to be helpful. Is now a good time to talk? If not, when would work best?*

*Great. As background, infection control assessment and response surveys, also referred to as ICARs (eye-cars), were developed by CDC to help health departments assess IPC practices and guide quality improvement activities. ICARs are particularly useful for stopping the spread of pathogens during outbreaks. ICAR findings will be shared between the health department's Healthcare Associated Infections Program and CDC.*

*Before we begin, may I get your name and contact information? Is there another person at your facility who would be the primary contact for the health department? If yes, can I get their information also?*

## Facilities Demographics

Facility POC Name: \_\_\_\_\_

Facility POC Title: \_\_\_\_\_

POC Phone: \_\_\_\_\_ POC E-mail Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility County: \_\_\_\_\_ 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*)**

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 residents)

If yes, please specify the number of cases among residents \_\_\_\_\_ and among HCPs \_\_\_\_\_

Cluster of influenza-like illness (ILI) in facility (either among HCP and/or residents)

If yes, please specify the number of cases among residents \_\_\_\_\_ and among HCPs \_\_\_\_\_

**Have you received any prior information specific to preventing 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 (Specify: \_\_\_\_\_ )

## Visitor restrictions and non-essential personnel restrictions

Both CDC and CMS recommend restricting all visitors to nursing homes to prevent COVID-19 from entering the facility. Exceptions for compassionate care, such as end-of-life situations, may be considered on a case-by-case basis. All visitors should first have temperature and symptom screening (e.g., fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell) to safeguard residents. Ill visitors should not enter. Visitors who are granted access should perform frequent hand hygiene, wear a cloth face covering (for source control), and conduct their visit in a location designated by the facility such as the resident's room. Additional best practices include designating a single entrance for visitors, posting signage at entrances to the facility, and providing communication to residents and families.

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
<p>What is your current policy for visitors?</p> <p>Facility restricts all visitation except for certain compassionate care situations, such as end-of-life situations.</p>	Yes    No	
<p>Are there any exceptions to your visitation policy? What are those exceptions?</p> <p>Decisions about visitation are made on a case-by-case basis.</p>	Yes    No	
<p>If visitors are allowed in, what screening occurs?</p> <p>Potential visitors are screened prior to entry for fever or symptoms of COVID-19. Those with symptoms are not permitted to enter the facility (e.g., fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell).</p>	Yes    No	
<p>Are there any restrictions or requirements on visitors once they enter? Do you provide them with any additional information on hand hygiene?</p> <p>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.</p>	Yes    No	
<p>What is your policy for volunteers or non-medical service providers like a beautician, barber, or massage therapist?</p> <p>Non-essential personnel including volunteers and non-medical service providers (e.g., salon, barbers) are restricted from entering the building.</p>	Yes    No	
<p>What has your facility done to communicate with family members of residents? What have you told family members about visiting?</p> <p>Facility has sent a <a href="#">communication</a> (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 by the facility.</p>	Yes    No	
<p>Is the facility offering alternative means of communication instead of visits? What are those?</p> <p>Facility has provided alternative methods for visitation such as video conferencing for residents.</p>	Yes    No	
<p>Are there signs to prevent entrance into the facility (e.g., no visitors)?</p> <p>Facility has posted signs at entrances to the facility advising that no visitors may enter the facility.</p>	Yes    No	

## Education, Monitoring, and Screening of Healthcare Personnel (HCP)

**Education** of HCP (including consultant personnel) should explain how the IPC measures protect residents, themselves, and their loved ones, with an emphasis on hand hygiene, PPE, and **monitoring** of their symptoms. Consultant personnel are individuals who provide specialized care or services (for example, wound care or podiatry) to residents in the facility on a periodic basis. They often work at multiple facilities in the area and should be included in education and screening efforts as they can be exposed to or serve as a source of pathogen transmission. If HCP work while ill, they can serve as a source of pathogen transmission within the facility. HCP should be reminded not to report to work when ill. All HCP should self-monitor when they are not at work and be **actively screened** upon entering the facility. Ideally, this would occur at the entrance to the facility, before they begin their shift. Screening includes temperature check and asking about symptoms like subjective fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell. If they have a fever of 100.0 F or higher or symptoms, they should be masked and sent home. Because symptom screening will not identify individuals who are infected but otherwise asymptomatic or pre-symptomatic, facilities should also implement universal source control policies requiring anyone in the facility to wear a facemask or cloth face covering. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
<p>Have you provided any in-service training or education to the staff due to COVID-19? What was included in those?</p> <p>Facility has provided education and refresher training to HCP (including consultant personnel) about the following:</p> <ul style="list-style-type: none"> <li>• COVID-19 (e.g., symptoms, how it is transmitted)</li> </ul>	Yes    No	
<ul style="list-style-type: none"> <li>• Sick leave policies and importance of not reporting to or remaining at work when ill</li> </ul>	Yes    No	
<ul style="list-style-type: none"> <li>• New policies for source control while in the facility</li> </ul>	Yes    No	
<p>Do you ever audit or record performance of things like hand hygiene? Selection and use of personal protective equipment? Environmental cleaning?</p> <p>Facility monitors HCP adherence to recommended IPC practices, including:</p> <ul style="list-style-type: none"> <li>• Hand hygiene</li> </ul>	Yes    No	
<ul style="list-style-type: none"> <li>• Selection and use of PPE; have HCP demonstrate competency with putting on and removing PPE</li> </ul>	Yes    No	
<ul style="list-style-type: none"> <li>• Cleaning and disinfecting environmental surfaces and resident care equipment</li> </ul>	Yes    No	
<p>What is your current staffing capacity?</p> <p>Facility is aware of staffing needs and has a plan in the event of staffing shortages.</p>	Yes    No	

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
<p><i>What is the current policy for facemasks for HCP inside the facility? What do you tell staff about wearing facemasks in common work areas with only co-workers present? If you are running low on facemasks, do you have a plan for when and which staff might use cloth face coverings for source control instead (those not providing direct care)?</i></p> <p><b>Facility has implemented universal use of facemasks or cloth face coverings for HCP (for source control) while in the facility.</b></p>	<p>Yes    No</p>	
<p><b>Facility has provided staff with education to use facemask or respirator if more than source control is required.</b></p> <p><i>If there are shortages of facemasks, facemasks should be prioritized for HCP and then for 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 shortage of respirators) if more than source control is required.</i></p>	<p>Yes    No</p>	
<p><i>What is the facility encouraging for staff in terms of social distancing?</i></p> <p><b>All HCP are reminded to practice social distancing when in break rooms and common areas.</b></p>	<p>Yes    No</p>	
<p><i>Have you started staff screening or check-ins? How does that work? Is this kept in a log? What do you do if someone has a fever or symptoms?</i></p> <p><b>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 they do not have fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell).</b></p>	<p>Yes    No</p>	
<ul style="list-style-type: none"> <li><b>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.</b></li> </ul>	<p>Yes    No</p>	
<p><i>Has your facility had any symptomatic staff? How are they tracked or monitored?</i></p> <p><b>Facility keeps a list of symptomatic HCP.</b></p>	<p>Yes    No</p>	

## Education, Monitoring, and Screening, and Cohorting of Residents

Education of residents and their loved ones should include an explanation of steps the facility is taking to protect them and how visitors can serve as a source of pathogen transmission. The facility should ask residents to report if they feel feverish or have respiratory symptoms. They should actively monitor all residents upon admission and at least daily for fever and symptoms of COVID-19 (fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell). If they have a fever (temperature of 100.0 F or higher) or symptoms, they should be restricted to their room and put into appropriate Transmission-Based Precautions. Group activities such as communal meals, religious gatherings, classes, and field trips should be stopped to promote social distancing (residents remaining at least 6 feet apart from one another).

Facilities should plan to dedicate space to care for residents with COVID-19 even before they have an active case. 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 and would have dedicated HCP to deliver care within this space. Another consideration is how to manage new admissions or readmissions when COVID-19 status is unknown. Options may include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Residents could be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period could be considered to increase certainty that the resident is not infected. If an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved from their rooms to a single room in this area pending results of SARS-CoV-2 testing.

All recommended PPE should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn by HCP when PPE is indicated.

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
<p>Have you provided any education to your residents on ways they can protect themselves (like washing hands, visitor restriction, social distancing)?</p> <p>Facility has provided education to residents about the following:</p> <ul style="list-style-type: none"> <li>• COVID-19 (e.g., symptoms, how it is transmitted)</li> </ul>	<p>Yes    No</p>	
<ul style="list-style-type: none"> <li>• Importance of immediately informing HCP if they feel feverish or ill</li> </ul>	<p>Yes    No</p>	
<ul style="list-style-type: none"> <li>• Actions they can take to protect themselves (e.g., hand hygiene, covering their cough, maintaining social distancing)</li> </ul>	<p>Yes    No</p>	
<ul style="list-style-type: none"> <li>• Actions the facility is taking to keep them safe (e.g., visitor restrictions, changes in PPE use, canceling group activities and communal dining)</li> </ul>	<p>Yes    No</p>	
<p>Are you screening residents? How are you screening them/what questions are you asking them? How often? What is included?</p> <p>Facility assesses residents for fever and symptoms of COVID-19 (fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell) upon admission and at least daily throughout their stay in the facility.</p>	<p>Yes    No</p>	
<ul style="list-style-type: none"> <li>• Residents with suspected COVID-19 are immediately placed in appropriate Transmission-Based Precautions.</li> </ul> <p><i>Note:</i> 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>	<p>Yes    No</p>	

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
<p><i>Are you keeping track of residents who are symptomatic? How?</i></p> <p><b>Facility keeps a list of symptomatic residents (link to respiratory infection surveillance tool): <a href="https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf">https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf</a>)</b></p>	Yes    No	
<p><i>Has your facility made any changes to group activities (e.g., communal dining, religious activities [mass at Catholic facilities], gyms) or field trips?</i></p> <p><b>Facility has stopped group activities inside the facility and field trips outside of the facility.</b></p>	Yes    No	
<p><i>How are residents receiving meals? Has anything changed with communal dining?</i></p> <p><b>Facility has stopped communal dining.</b></p>	Yes    No	
<p><b>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)</b></p> <p><i>What is happening with resident movement in the facility? Are residents advised to stay in their rooms? Are they required to wear a facemask if they leave their rooms?</i></p> <p><b>Residents are encouraged to remain in their rooms.</b></p> <ul style="list-style-type: none"> <li>• <b>If there are cases in the facility, residents are restricted (to the extent possible) to their rooms except for medically necessary purposes.</b></li> </ul>	Yes    No	
<ul style="list-style-type: none"> <li>• <b>If residents leave their rooms, they should wear a cloth face covering or facemask (if tolerated), perform hand hygiene, limit movement in the facility, and perform social distancing.</b></li> </ul>	Yes    No	
<p><i>How are ill residents monitored? How often are they monitored? What is included (e.g., symptoms, vitals, temp, oxygen saturation, respiratory exam)?</i></p> <ul style="list-style-type: none"> <li>• <b>The facility monitors ill residents at least 3 times daily including evaluating symptoms, vital signs, and oxygen saturation via pulse oximetry to identify and quickly manage clinical deterioration.</b></li> </ul>	Yes    No	
<p><i>If there is a case within the facility in the future, have you made a plan for where the resident with COVID-19 will be placed?</i></p> <p><b>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.</b></p>	Yes    No	
<p><i>How will this dedicated space be staffed?</i></p> <p><b>Facility has dedicated a team of primary HCP staff to work only in this area of the facility.</b></p>	Yes    No	

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
<p><i>What is your plan for handling a resident who may have COVID-19? What is your plan for movement? What is your plan for testing?</i></p> <p><b>Facility has a plan for how 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).</b></p> <p>Closely monitor roommates and other residents who may have been exposed to an individual with COVID-19 and, if possible, avoid placing unexposed residents into a shared space with them.</p>	<p>Yes      No</p>	
<p><i>What is your plan for managing new admission or readmissions when the resident's COVID-19 status is unknown? What PPE will be worn when caring for residents who have unknown COVID-19 status and are under observation?</i></p> <p><b>Facility has a plan for managing new admissions and readmissions whose COVID-19 status is unknown.</b></p>	<p>Yes      No</p>	
<p><b>Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community</b></p> <p><b>Facility uses all recommended PPE for the care of all residents on affected units (or facility-wide depending on the situation).</b></p> <p>Because of the higher risk of unrecognized infection among residents, universal use of <b>all recommended PPE</b> 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 health department can assist with decisions about testing of asymptomatic residents.</p>	<p>Yes      No</p>	

## Availability of PPE and Other Supplies

Major distributors in the United States have reported shortages of PPE. Shortages of alcohol-based hand sanitizers and refills and certain disinfectants have also been reported. Facilities should assess their current supplies of PPE and other critical materials as soon as possible and begin implementing strategies to optimize their current supply of PPE (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>). Examples of strategies described in those documents include extended use of facemasks and eye protection, which allow the same facemask and eye protection to be worn for 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. If a facility anticipates or has a shortage, they should engage their health department and healthcare coalition for assistance.

- Link to identifying your state HAI coordinator: <https://www.cdc.gov/hai/state-based/index.html>
- Link to healthcare coalition/preparedness: <https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>

Disinfectants used at a facility should be EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2. List N on the EPA website lists products that meet EPA's criteria for use against SARS-CoV-2 (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>)

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
<p><i>How is your current supply of: facemasks and respirators; gowns; gloves; eye protection? Does your facility have enough supply of facemasks and respirators (gowns, gloves, etc.) for the next 1-2 weeks?</i></p> <p><b>Facility has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand sanitizer, EPA-registered disinfectants, tissues).</b> (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html</a>)</p>	<p>Yes    No</p>	
<p><i>What is your facility doing to try and conserve PPE? Are you aware of the recommendations to conserve PPE? Do you have a backup plan if you don't have enough?</i></p> <p><b>If PPE shortages are identified or anticipated, facility has engaged their health department and/or healthcare coalition for assistance.</b></p>	<p>Yes    No</p>	
<p><b>Facility has implemented measures to optimize current PPE supply</b> (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</a>).</p>	<p>Yes    No</p>	
<p><i>Where is your PPE located? Is it readily available for staff that need it?</i></p> <p><b>PPE is available in resident care areas including outside resident rooms.</b></p> <ul style="list-style-type: none"> <li>• 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).</li> </ul>	<p>Yes    No</p>	
<p><i>How much disinfectant does your facility have on hand? Do you expect a shortage?</i></p> <p><b>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.</b></p>	<p>Yes    No</p>	
<p><i>Are trash cans accessible throughout the facility? What about tissues?</i></p> <p><b>Tissues and trash cans are available in common areas and resident rooms for respiratory hygiene and cough etiquette and source control.</b></p>	<p>Yes    No</p>	

## Infection Prevention and Control Practices

Alcohol-based hand sanitizer (ABHS) is the preferred method of hand hygiene; however, sinks should still be stocked with soap and paper towels. Hand hygiene should be performed in the following situations: before resident contact, even if PPE is worn; after contact with the resident; after contact with blood, body fluids, or contaminated surfaces or equipment; before performing aseptic tasks; and after removing PPE.

Recommended PPE when caring for residents with suspected or confirmed COVID-19 includes gloves, gown, N-95 or higher-level respirator (or facemask if respirators are not available or HCP are not fit-tested), and eye protection (face shield or goggles). PPE should be readily available outside of resident rooms, although the facility should consider assigning a staff member to shepherd supplies and encourage appropriate use.

All EPA-registered, hospital-grade disinfectants have a contact time which is required to kill or inactivate pathogens. Environmental surfaces must remain wet with the product for the entire contact time duration to work appropriately. Contact times range from 30 seconds to 10 minutes. Keeping a surface wet for 10 minutes is seldom accomplished with a single application. It is important for facilities to know that their product is appropriate (List N as above) and is being used for the entire contact time. Also, it is helpful for the facility to assign responsibility for cleaning and disinfection of specific surfaces and equipment (who cleans what).

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
<p><i>When, during patient care, is hand hygiene expected?</i>  <b>HCP perform hand hygiene in the following situations:</b></p> <ul style="list-style-type: none"> <li>• Before resident contact, even if gloves will be worn</li> </ul>	Yes    No	
<ul style="list-style-type: none"> <li>• After contact with the resident</li> </ul>	Yes    No	
<ul style="list-style-type: none"> <li>• After contact with blood, body fluids, or contaminated surfaces or equipment</li> </ul>	Yes    No	
<ul style="list-style-type: none"> <li>• Before performing an aseptic task</li> </ul>	Yes    No	
<ul style="list-style-type: none"> <li>• After removing PPE</li> </ul>	Yes    No	
<p><i>What does your facility recommend for hand hygiene? Is there a preference for soap and water or alcohol-based hand sanitizer?</i>  <b>Facility has preference for alcohol-based hand sanitizer over soap and water</b></p>	Yes    No	
<p><i>What PPE is being used by HCP caring for anyone with suspected or confirmed COVID-19</i>  <b>HCP wear the following PPE when caring for residents with suspected or confirmed COVID-19</b></p> <ul style="list-style-type: none"> <li>• Gloves</li> </ul>	Yes    No	
<ul style="list-style-type: none"> <li>• Isolation gown</li> </ul>	Yes    No	
<ul style="list-style-type: none"> <li>• N-95 or higher-level respirator (or facemask if a respirator is not available)</li> </ul>	Yes    No	
<ul style="list-style-type: none"> <li>• Eye protection (goggles or face shield)</li> </ul>	Yes    No	

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
<p><i>How are staff taught to remove PPE?</i></p> <p><b>PPE are removed in a manner to prevent self-contamination and hand hygiene is performed immediately after removal.</b></p>	<p>Yes    No</p>	
<p><i>What product do you use for alcohol-based hand sanitizer – do you know the alcohol percentage? Are you experiencing any shortages in alcohol-based hand sanitizer? If so, how are you addressing?</i></p> <p><b>Hand hygiene supplies are available in all resident care areas.</b></p> <ul style="list-style-type: none"> <li>• <b>Alcohol-based hand sanitizer* with 60-95% alcohol is available in every resident room and other resident care and common areas.</b></li> </ul> <p><b>*If there are shortages of alcohol-based hand sanitizer, hand hygiene using soap and water is still expected.</b></p>	<p>Yes    No</p>	
<p><i>Do you ever audit or record performance of things like hand hygiene? Selection and use of personal protective equipment? What do you do if you see someone not washing their hands appropriately?</i></p> <p><b>Hand hygiene and PPE compliance are audited.</b></p>	<p>Yes    No</p>	
<p><i>How often are shared equipment like blood pressure cuffs/machines cleaned? These need to be cleaned after every patient use. Who is responsible for that? Are you able to dedicate equipment to residents that may be symptomatic or a case like thermometers, BP cuffs, and stethoscopes?</i></p> <p><b>Non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use.</b></p>	<p>Yes    No</p>	
<p><i>What disinfectant is used at your facility? Is this ready-to-use (premixed) or does it need to be diluted by your staff? Have you checked to see if that product is effective for coronavirus (EPA List N)?</i></p> <p><b>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.</b></p> <ul style="list-style-type: none"> <li>• <b>*See EPA List N: <a href="https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2">https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2</a></b></li> <li>• <b>Name of EPA-registered disinfectant used in facility:</b></li> </ul> <p>_____</p>	<p>Yes    No</p>	
<p><i>What is the contact time for the product? Remember that 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 means reapplying more until that contact time is met. [If they have a 10 minute product] Please make sure your staff are aware of that time and use it appropriately or consider changing to another product with a shorter time.</i></p> <p><b>Facility is aware of the contact time for the EPA-registered disinfectant and shares this information with HCP.</b></p>	<p>Yes    No</p>	
<p><i>Are disinfectants ready-to-use or do you have to mix/dilute them at the facility? How are they mixed/diluted?</i></p> <p><b>EPA-registered disinfectants are prepared and used in accordance with label instructions.</b></p>	<p>Yes    No</p>	

## Communication

Communicating is essential during an outbreak—with HCP, residents, families, the health department, transport personnel, and receiving facilities. Facilities should notify the health department about any resident with severe respiratory infection resulting in hospitalization or death, any resident or HCP with suspected or confirmed COVID-19, or if the facility identifies 3 or more new onset cases of respiratory illness among residents and/or HCP in 72 hours. These situations should prompt further investigation and testing for SARS-CoV-2. Should a higher level of care be indicated for a resident with suspected or confirmed COVID-19, the facility should communicate this information with transport personnel, the receiving facility, and the health department.

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
<p><i>Have you ever talked to the health department before for your facility? Why? Moving forward, what would make you reach out to the health department now? You should reach out if you have a known or suspected case in a resident or healthcare provider; if you have a resident with a severe respiratory infection; or a cluster of new-onset respiratory symptoms among residents and or staff. Generally, we say 3 or more over the course of three days.</i></p> <p><b>Facility notifies the health department about any of the following:</b></p> <ul style="list-style-type: none"> <li>• COVID-19 is suspected or confirmed in a resident or HCP</li> </ul>	<p>Yes    No</p>	
<ul style="list-style-type: none"> <li>• A resident has severe respiratory infection resulting in hospitalization or death</li> </ul>	<p>Yes    No</p>	
<ul style="list-style-type: none"> <li>• A cluster of new-onset respiratory symptoms among residents or HCP (≥3 cases over 72 hours)</li> </ul>	<p>Yes    No</p>	
<p><i>If you have known or suspect cases of COVID-19, how do you plan to communicate this with staff? With residents? With family members?</i></p> <p><b>Facility has process to notify residents, families, and staff members about COVID-19 cases occurring in the facility.</b></p>	<p>Yes    No</p>	
<p><i>What about if you transfer a known or suspect case to the hospital, do you have a way to communicate their status to EMS; outpatient facility like dialysis or transfusion clinic; hospital?</i></p> <p><b>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.</b></p>	<p>Yes    No</p>	

At the conclusion of the ICAR, give the facility an opportunity to ask questions. Provide them with information about what to expect next (e.g., that they will receive a copy of the completed ICAR form, a recommendation letter, etc.).

## Donning and Doffing Training Videos

**PUTTING ON DROPLET**  
Droplet-Contact precautions with eyewear (DICE)  
**CONSERVATION**  
EMORY

See Emory's donning [video](#) and [flyer](#).

**TAKING OFF DROPLET**  
Contact precautions with eyewear (DICE)  
**CONSERVATION**  
EMORY

See Emory's doffing [video](#) and [flyer](#).

**Reusing Face and Eye PPE**  
*Extended Wear for COVID-19 Care*  
**CONSERVATION**  
EMORY

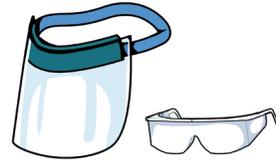
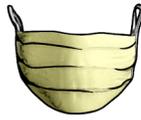
See Emory's donning and doffing extended-wear [video](#) and [flyer](#).

**UPDATE:** On June 9th, CDC removed the second hand hygiene step from CDC's [donning PPE procedure](#)

# putting PPE ON

## What You Need

View the PPE video at [med.emory.edu/PPE](http://med.emory.edu/PPE)



Contact gown

Mask

Face shield or goggles

Gloves

## Gown + Gloves

1 **Remove** any personal items and jewelry and put in secure location, not in pockets.

2 **Sanitize** hands.

3 **Put on** contact gown outside room.

Open-end **faces** your back.

**Tie** the back of the gown.

4 **Put on** gloves over the cuffs of the gown.

## Mask + Eyes

5 **Put on** mask.

6 **Fit** mask to nose

7 **Put on** face shield or goggles.

## Entry

8 **Sanitize** gloves.

9 **ENTER** room

10 **Do not** touch face or re-adjust mask or face shield inside room.

**1** Sanitize gloves.



**2**  Cross arms and **grip** gown on shoulders.  
**Pull and break** gown in controlled fashion.

**3**  **Roll** the gown towards your hands.  
**Remove** the gloves with the gown.  
**Dispose** of gloves and gown.

**4** Sanitize hands.

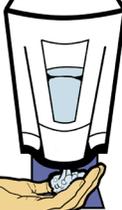


## Eyes

**5**  **Do not** touch face.

**6**  **Remove** face shield by the **strap** over your head without touching your skin.

**7** Sanitize hands.



**EXIT patient room**



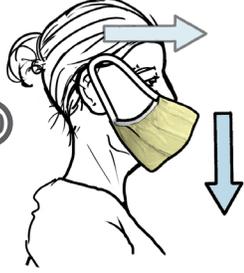
**EXIT patient room**

## Mask

**8** Sanitize hands again.



**9**  **Pinch** loops and **pull** them back and off of your ears.  
**Do not** let loops touch your face.

**10**  **Pull** loops off without touching your face with them or your hands.  
**Remove** the mask.

## Wash

**11**  **Head immediately** to handwashing station.  
**Wash hands** with soap and water.

# Filtering out Confusion: Frequently Asked Questions about Respiratory Protection

## User Seal Check

Over 3 million United States employees in approximately 1.3 million workplaces are required to wear respiratory protection. The Occupational Safety and Health Administration (OSHA) (29 CFR 1910.134) requires an annual fit test to confirm the fit of any respirator that forms a tight seal on the wearer's face before it is used in the workplace.<sup>1</sup> Once a fit test has been done to determine the best respirator model and size for a particular user, a **user seal check** should be done every time the respirator is to be worn to ensure an adequate seal is achieved.



## What is a User Seal Check?

A user seal check is a procedure conducted by the respirator wearer to determine if the respirator is being properly worn. The user seal check can either be a positive pressure or negative pressure check.

During a **positive pressure user seal check**, the respirator user **exhales** gently while blocking the paths for air to exit the facepiece. A successful check is when the facepiece is slightly pressurized before increased pressure causes outward leakage.

During a **negative pressure user seal check**, the respirator user **inhales** sharply while blocking the paths for air to enter the facepiece. A successful check is when the facepiece collapses slightly under the negative pressure that is created with this procedure.

A user seal check is sometimes referred to as a fit check. A user seal check should be completed each time the respirator is donned (put on). It is only applicable when a respirator has already been successfully fit tested on the individual.

## How do I do a User Seal Check while Wearing a Filtering Facepiece Respirator?

Not every respirator can be checked using both positive and negative pressure. Refer to the manufacturer's instructions for conducting user seal checks on any specific respirator. This information can be found on the box or individual respirator packaging.

The following positive and negative user seal check procedures for filtering facepiece respirators are provided as examples of how to perform these procedures.



## How to do a positive pressure user seal check

Once the particulate respirator is properly donned, place your hands over the facepiece, covering as much surface area as possible. Exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure is being built up inside the facepiece without any evidence of outward leakage of air at the seal. Examples of such evidence would be the feeling of air movement on your face along the seal of the facepiece, fogging of your glasses, or a lack of pressure being built up inside the facepiece.

If the particulate respirator has an exhalation valve, then performing a positive pressure check may be impossible. In such cases, a negative pressure check should be performed.

## How to do a negative pressure user seal check



Negative pressure seal checks are typically conducted on particulate respirators that have exhalation valves. To conduct a negative pressure user seal check, cover the filter surface with your hands as much as possible and then inhale. The facepiece should collapse on your face and you should not feel air passing between your face and the facepiece.

In the case of either type of seal check, if air leaks around the nose, use both hands to readjust the nosepiece by placing your fingertips at the top of the metal nose clip. Slide your fingertips down both sides of the metal strip to more efficiently mold the nose area to the shape of your nose. Readjust the straps along the sides of your head until a proper seal is achieved.<sup>2</sup>

If you cannot achieve a proper seal due to air leakage, you may need to be fit tested for a different respirator model or size.

## Can a user seal check be considered a substitute for a fit testing?

No. The user seal check does not have the sensitivity and specificity to replace either fit test methods, qualitative or quantitative, that are accepted by OSHA (29 CFR 1910.134). A user should only wear respirator models with which they have achieved a successful fit test within the last year. NIOSH data suggests that the added care from performing a user seal check leads to higher quality donnings (e.g., reduces the chances of a donning with a poor fit).<sup>3</sup>

## Where can I Find More Information?

This information and more is available on the [NIOSH Respirator Trusted-Source webpage](#).

### References

1. OSHA [1998]. Respiratory Protection. 29 CFR 1910.134. Final rule. Fed Regist 63:1152-1300.
2. NIOSH [2010]. How to properly put on and take off a disposable respirator. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2010-133 <https://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf>
3. Viscusi DJ, Bergman MS, Zhuang Z, and Shaffer RE [2012]. Evaluation of the benefits of the user seal check on N95 filtering facepiece respirator fit. J Occup and Environ Hyg. 9(6):408-416.

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# Three Key Factors Required for a Respirator to be Effective



**Correct\***

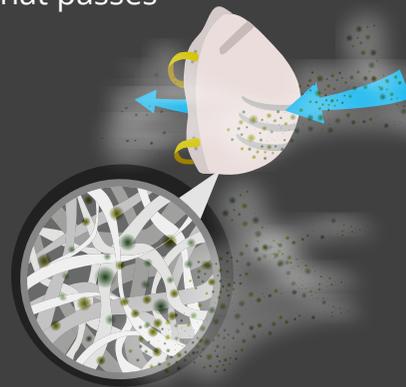


**Incorrect**

- ① The respirator must be put on correctly and worn during the exposure.
- ② The respirator must fit snugly against the user's face to ensure that there are no gaps between the user's skin and respirator seal.



- ③ The respirator filter must capture more than 95% of the particles from the air that passes through it.



### PPE Burn Rate Calculator

<https://www.nhhca.org/files/2020/03/PPE-request-worksheet-1.xlsx>

				WHO Suggested per inf. resident/day Number	YOUR PROJECTED NEEDS		SUGGESTED REQUEST
Number of Occupied Beds		<--Enter your number here	PPE			Your Current Supply <-- Enter your supply here	
Prevalence Rate	40%		N95 Masks	1	0		0
Projected number of infected residents	0		Surgical Masks	25	0		0
Avg. duration of illness (day)	14		Face Shields or Goggles	1	0		0
Projected number days of illness among all infected residents	0		Gowns	25	0		0
			Gloves	50	0		0

## Help Keep Our Residents Safe

### Dear Residents, Families, Friends, Volunteers:

We are committed to keeping our residents safe and we need your help. The new virus causing Coronavirus Disease 2019 (abbreviated COVID-19) can cause outbreaks in nursing homes. Many of our residents are elderly and have medical conditions putting them at a very high risk of becoming sick, or even severely ill, with COVID-19. Visitors and staff are the most likely sources of introduction of COVID-19 into a facility.

**To protect our vulnerable residents, we are taking the following actions to reduce the risk of COVID-19 in our residents and staff while allowing residents some amount of social interaction:**

#### 1. We are allowing limited visitation.

All visitation is conducted according to NH public health Visitation Guidance, and during these visits we require everyone to adhere to social distancing, masking, and hand hygiene procedures. Visitation is also allowed in certain compassionate care situations, such as end of life situations. The number of visitors will be limited, and all visitors will first be screened for symptoms of illness and any potential exposures to COVID-19. We know that your presence is important for your loved one, but we must continue to protect our residents' health. We are continuing alternative methods of visitation (such as Skype and FaceTime) so that you can continue to communicate with your loved ones regularly. Visitors who are permitted to enter the building will be required to frequently clean their hands, limit their visit to a designated area on facility grounds, and wear a facemask. As the situation with COVID-19 is rapidly changing, we will continue to keep you updated.

**2. We continue to monitor staff and residents for symptoms of COVID-19.** Non-essential healthcare personnel and volunteers are still restricted from entering the facility. Staff will be actively monitored for fever and symptoms of COVID-19, and ill staff will be asked to stay home. All staff are wearing facemasks to protect others within our facility. You may also see healthcare personnel wearing eye protection, gown, and gloves in order to prevent germs from spreading and help keep residents safe. Healthcare personnel will clean their hands frequently.

We are assessing residents daily for fevers and symptoms of illness in order to quickly identify ill residents and put additional infection prevention activities in place. When ill residents are identified, they will be monitored closely, asked to stay in their rooms or wear a mask.

#### 3. We continue to limit activities within the facility. [EDIT TO FACILITY CONTEXT]

We are now allowing limited group activities within the building and limited communal dining. We will be helping residents to practice social distancing, wear cloth face coverings or masks, and frequently clean their hands.

We encourage you to review the CDC website for information on COVID-19 symptoms, how it spreads, and actions you can take to protect your health: <https://www.cdc.gov/corona-virus/2019-ncov/index.html>.

Thank you very much for everything you are doing to keep our residents and facility staff safe and healthy. We continue to monitor the situation in our community; we will keep you informed about any new precautions we think are necessary to keep your loved one safe.

Please contact us with additional questions at [CONTACT #]

Sincerely,

[FACILITY NAME]

## Hand Hygiene Training Resources

- ▶ Facilities should provide training on hand hygiene and observe staff practices using this [observation template](#).
- ▶ Training on using soap and water. <https://youtu.be/3PmVJQUCm4E>
- ▶ Training on using alcohol-based hand rub. <https://youtu.be/ZnSjFr6J9HI>



### HAND HYGIENE OBSERVATION RECORD

Center \_\_\_\_\_  
 Date \_\_\_\_\_  
 Observer \_\_\_\_\_

**Health Care Worker (HCW) Codes:**

- |               |                     |                                   |
|---------------|---------------------|-----------------------------------|
| 1 = Physician | 3 = Technician      | 5 = Environmental Services Worker |
| 2 = Nurse     | 4 = Aide or Orderly | 6 = Other                         |

HR = Handrubbing      HW = Handwashing

HCW Code	Hand Hygiene Before Patient Contact (Mark the appropriate column)			Gloves Worn if Required (Mark the appropriate column)			Hand Hygiene After Contact with Patient, Equipment, Environment or Removing Gloves (Mark the appropriate column)			Hand Hygiene Before and After		
	See Key	HR	HW	No	Yes	No	N/A	HR	HW	No	Yes	No
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
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15												
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17												
18												
19												
20												
21												
22												
23												
24												
25												
<b>Totals</b>							<b>Totals</b>					
<b>Percent Adherence*</b>							<b>Percent Adherence*</b>					

\* For glove use: Total number of "Yes" ÷ ( Number of rows with data - Number of "N/A" ) x 100  
 For hand hygiene, Total number of "Yes" ÷ Number of rows with data x 100

For an example, please see the next page.

**HAND HYGIENE OBSERVATION RECORD: EXAMPLE**

Center    ABC Surgery Center  
 Date      May 5, 2010  
 Observer   Jane Doe, RN

**Health Care Worker (HCW) Codes:**

1 = Physician                      3 = Technician                      5 = Environmental Services Worker  
 2 = Nurse                              4 = Aide or Orderly                      6 = Other

HR = Handrubbing              HW = Handwashing

	HCW Code	Hand Hygiene Before Patient Contact (Mark the appropriate column)			Gloves Worn if Required (Mark the appropriate column)			Hand Hygiene After Contact with Patient, Equipment, Environment or Removing Gloves (Mark the appropriate column)			Hand Hygiene Before and After	
		See Key	HR	HW	No	Yes	No	N/A	HR	HW	No	Yes
1	2	x			x			x			x	
2	2	x			x			x			x	
3	2		x		x				x		x	
4	3		x			x			x		x	
5	3	x			x			x			x	
6	3			x		x				x		x
7	1	x			x			x			x	
8												
9												
10												
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23												
24												
25												
		<b>Totals</b>			<b>5</b>	<b>2</b>	<b>0</b>	<b>Totals</b>			<b>6</b>	<b>1</b>
		<b>Percent Adherence*</b>			<b>71</b>			<b>Percent Adherence*</b>			<b>86</b>	

\* For glove use: Total number of "Yes" ÷ ( Number of rows with data - Number of "N/A" ) x 100  
 For hand hygiene, Total number of "Yes" ÷ Number of rows with data x 100

## Trainings for Environmental Cleaning

- ▶ Refer to [APIC trainings](#) on environmental cleaning (available in Spanish and English).
- ▶ Utilize a checklist for [daily](#) and [terminal](#) cleaning (Spanish version [here](#)).
- ▶ Monitor adherence to environmental cleaning procedures using this [observation template](#).
  - Consider a [GlowGerm](#) or flourescent marker assessment.



# DAILY CLEANING INSPECTION FORM

Place a "Y" for all areas that meet the inspection standard.  
 Comment on areas that do not meet the standard.

Date Completed \_\_\_\_\_  
 Completed by \_\_\_\_\_

PATIENT ROOM # _____	If Yes = Y If No = N and comment	COMMENT
Hand wash sink clean		
Soap, alcohol rinse dispensers are clean/stocked/not expired		
Ceiling tiles, air vents, sprinklers clean		
Sharps container checked, garbage cans emptied		
Equipment- i.e., IV and/or tube feeding pole and base, clean		
Computer keyboard and mouse		
Cabinet handles and surfaces clean and free of tape and hand prints		
TV, front and back wiped clean		
Bedside table surface and pulls clean		
Ceiling lift is clean and dust free		
Over bed table surface clean, track for slider clean, base clean		
Floors clean, not sticky, free of dust		
Telephone, hand set clean		
Remote control clean		
Room fan on countertop dust-free		
Sleeper couch/chair- clean		
Room chair arm rests, back, side, head rest, and seat clean		
Windows are clean on inside and ledges are dust free		
Countertops, desk area, and chair are clean		
Closet looks and smells clean		
<b>BED</b>		
All side rails are free of tape, and clean, including both sides of rails, crevices around controls, bottoms of rails		
Frame is dust free		
Controls at foot of bed are clean and dust free if applicable		
Call light and cord are clean		
<b>BATHROOM</b>		
Sink and counters free of water spots and clean		
Soap dispensers are clean and stocked		
Lights are dust free, mirror clean, light switches clean		
Toilet is clean, floor around and behind toilet is clean		
Pipes around toilet are free of water build up and clean		
Pull cords are clean and hang free of railings		
Bathroom smells clean, no odors noted		
Bathroom door is clean and free of handprints, handles are clean		
<b>TOTAL ITEMS MET PER ROOM</b>	<b>/32</b>	

# DISCHARGE/TERMINAL CLEANING INSPECTION FORM

Place a "Y" for all areas that meet the inspection standard.  
 Comment on areas that do not meet the standard.

Date Completed \_\_\_\_\_  
 Completed by \_\_\_\_\_

PATIENT ROOM # _____	If Yes = Y If No = N and Comment	COMMENT
Room looks and smells clean upon entering		
Soap, towel, alcohol rinse dispensers are clean/stocked not expired		
Ceiling tiles/air vents/sprinklers clean		
Sharps container has been checked and changed if needed, garbage cans emptied and wiped clean		
Hand wash sink is clean		
Privacy curtain clean/changed		
Med drawers, cupboards cleaned & pt server free of supplies		
Stethoscope clean		
Floors are clean, not sticky, free of dust in corners & under sleeper, base boards clean		
Cabinet handles and surfaces clean and free of tape and hand prints		
TV, front and back dusted, clean		
Bedside table surface clean-Drawers inside, and pulls clean		
Suction supplies, suction canister are emptied/gone		
Ceiling lift is clean and dust free		
Over bed table surface clean, track for slider clean, base clean		
Open over bed table: inside tray surfaces clean on both sides mirror, glasses holder clean, underside of over bed table clean		
Telephone, and hand set are clean		
Remote control is clean		
Room fan on countertop is clean		
Sleeper couch is opened and clean		
Room chair arm rests, back, side, head rest, and seat are clean.		
Windows are clean on inside and ledges are dust free.		
Countertop, desk area, and chair are clean		
Closet looks and smells clean, pillow w/ no case stored in closet. Storage drawers emptied and wiped out		
<b>BED</b>		
Ledge above bed, over bed light, gas and suction heads, frames, clean		
Pillows are clean, smell clean		
All side rails are free of tape, both sides of rails, crevices around controls, bottoms of rails all clean		
Frame is dust free		
Controls at foot of bed are clean and dust free		
Call light and cord are clean		
<b>BATHROOM</b>		
Ceiling, walls and floor without hard water stains		
Laundry basket empty and wiped out		
Sink and counters free of water spots and clean		
Soap dispensers are clean and full		
Lights are dust free, mirror clean, light switches clean		
Shower/wand, railings are clean, free of hard water stains Shower curtain clean and drain is rust free		
Toilet seat, rim clean, no hard water stains in bowl, base of toilet clean, floor around and behind toilet is clean		
Pipes around toilet are free of water build up and clean		
Pull cords are clean and hang free of railings, off floor		
Bathroom smells clean, no odors noted		
Bathroom door is clean and free of handprints, door handles are clean		
<b>Total met per room</b>	/40	



# Healthcare-Associated Infections Program Adherence Monitoring Environmental Cleaning and Disinfection

Assessment completed by:  
Date:  
Unit:

**Regular monitoring with feedback of results to staff can maintain or improve adherence to environmental cleaning practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.**

**Instructions:** Observe at least two (2) different environmental services (EVS) staff members. Observe each practice and check a box if adherent (“Yes”) or not adherent (“No”). In the right column, record the total number of “Yes” responses for adherent practices observed and the total number of observations (“Yes” + “No”). Calculate adherence percentage in the last row.

Environmental Cleaning Practices		EVS Staff 1	EVS Staff 2	EVS Staff 3	Adherence by Task	
					# Yes	# Observed
ES1.	Detergent/disinfectant solution is mixed and stored according to manufacturer’s instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES2.	Solution remains in wet contact with surfaces according to manufacturer’s instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES3.	Cleaning process avoids contamination of solutions and cleaning tools; a clean cloth is used in each patient area, and the cloth is changed when visibly soiled.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES4.	Standard cleaning protocol is followed to avoid cross-contamination (e.g. from top to bottom, patient room to bathroom, and clean to dirty)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES5.	Environmental Services staff use appropriate personal protective equipment (e.g. Gowns and gloves are used for patients/residents on contact precautions upon entry to the Contact precautions room.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES6.	Hand hygiene is performed throughout the cleaning process as needed, including before and after glove use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES7.	High-touch surfaces* are thoroughly cleaned and disinfected after each patient. Mark “Yes” if Fluorescent Marker Assessment Tool result is 100%; mark “No” if <100%.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES8.	There are no visible tears or damage on environmental surfaces or equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES9.	The room is clean, dust free, and uncluttered.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**\*Examples of high touch surfaces:**

Bed rail	Chair	Room light switch	TV remote	Bathroom door knob/handle	Bathroom sink
Tray table	In-room medical cart	IV pole (“grab area”)	Room inner doorknob/handle	Bathroom handrail	Bathroom faucet
Side table	Room sink	Call button	In-room cabinet	Bathroom light switch	Toilet flush handle
Side table handle	Room sink faucet	PPE container	In-room computer/keyboard	Toilet seat	Toilet/bedpan cleaner

# of Correct Practice Observed (“# Yes”):	Total # Environmental Services Observations (“# Observed”): _____ (Up to 15 Total)	Adherence _____ % (Total “# Yes” ÷ Total “# Observed” x 100)
_____	<i>If practice could not be observed (i.e. cell is blank), do not count in total # Observed.</i>	



# Healthcare-Associated Infections Program Adherence Monitoring Fluorescent Marker Assessment Tool

Assessment completed by:  
Date:  
Unit:

Regular monitoring with feedback of results to staff can maintain or improve adherence to environmental cleaning practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location. Use this tool in addition to the Environmental Cleaning and Disinfection adherence monitoring tool.

<b>Instructions:</b> Discreetly place fluorescent marker on at least ten (10) high touch surfaces in at least two (2) rooms to be cleaned. Use additional forms as needed. Check fluorescently marked high touch surfaces for each room below. After the room has been cleaned, use a black light to view marked areas. Circle "Yes" if the fluorescent marker was removed completely and "No" if any amount of fluorescent marker appears under the black light. Calculate adherence percentage in the last row.			Adherence by Task	
			# Yes	# Marked Areas
<b>Room #:</b>	Time marked with fluorescent marker:	Time to return:		
<input type="checkbox"/> <b>Bed rail:</b> Yes / No <input type="checkbox"/> <b>Tray table:</b> Yes / No <input type="checkbox"/> <b>Side table:</b> Yes / No <input type="checkbox"/> <b>Side table handle:</b> Yes / No <input type="checkbox"/> <b>Chair:</b> Yes / No <input type="checkbox"/> <b>In-room medical cart:</b> Yes / No	<input type="checkbox"/> <b>Room sink:</b> Yes / No <input type="checkbox"/> <b>Room sink faucet:</b> Yes / No <input type="checkbox"/> <b>Room light switch:</b> Yes / No <input type="checkbox"/> <b>IV pole:</b> Yes / No <input type="checkbox"/> <b>Call button:</b> Yes / No <input type="checkbox"/> <b>PPE Container:</b> Yes / No	<input type="checkbox"/> <b>TV remote:</b> Yes / No <input type="checkbox"/> <b>Room inner door knob/handle:</b> Yes / No <input type="checkbox"/> <b>In-room cabinet:</b> Yes / No <input type="checkbox"/> <b>In-room computer/keyboard:</b> Yes / No <input type="checkbox"/> <b>Bathroom door knob/handle:</b> Yes / No <input type="checkbox"/> <b>Bathroom handrail:</b> Yes / No	<input type="checkbox"/> <b>Bathroom light switch:</b> Yes / No <input type="checkbox"/> <b>Toilet seat:</b> Yes / No <input type="checkbox"/> <b>Bathroom sink:</b> Yes / No <input type="checkbox"/> <b>Bathroom faucet:</b> Yes / No <input type="checkbox"/> <b>Toilet flush handle:</b> Yes / No <input type="checkbox"/> <b>Toilet / bedpan cleaner:</b> Yes / No	
<b>Room #:</b>	Time marked with fluorescent marker:	Time to return:		
<input type="checkbox"/> <b>Bed rail:</b> Yes / No <input type="checkbox"/> <b>Tray table:</b> Yes / No <input type="checkbox"/> <b>Side table:</b> Yes / No <input type="checkbox"/> <b>Side table handle:</b> Yes / No <input type="checkbox"/> <b>Chair:</b> Yes / No <input type="checkbox"/> <b>In-room medical cart:</b> Yes / No	<input type="checkbox"/> <b>Room sink:</b> Yes / No <input type="checkbox"/> <b>Room sink faucet:</b> Yes / No <input type="checkbox"/> <b>Room light switch:</b> Yes / No <input type="checkbox"/> <b>IV pole:</b> Yes / No <input type="checkbox"/> <b>Call button:</b> Yes / No <input type="checkbox"/> <b>PPE Container:</b> Yes / No	<input type="checkbox"/> <b>TV remote:</b> Yes / No <input type="checkbox"/> <b>Room inner door knob/handle:</b> Yes / No <input type="checkbox"/> <b>In-room cabinet:</b> Yes / No <input type="checkbox"/> <b>In-room computer/keyboard:</b> Yes / No <input type="checkbox"/> <b>Bathroom door knob/handle:</b> Yes / No <input type="checkbox"/> <b>Bathroom handrail:</b> Yes / No	<input type="checkbox"/> <b>Bathroom light switch:</b> Yes / No <input type="checkbox"/> <b>Toilet seat:</b> Yes / No <input type="checkbox"/> <b>Bathroom sink:</b> Yes / No <input type="checkbox"/> <b>Bathroom faucet:</b> Yes / No <input type="checkbox"/> <b>Toilet flush handle:</b> Yes / No <input type="checkbox"/> <b>Toilet / bedpan cleaner:</b> Yes / No	
<b># of Correct Practice Observed ("# Yes"):</b> _____	<b>Total # Marked Areas:</b> _____ (Up to 48 total per form)	<b>Adherence %</b> (Total "# Yes" ÷ "Total # Marked Areas" x 100)		

## ADDITIONAL RESOURCES:

- **NH DHHS:**
  - [Guidance for Long Term Care Facilities](#)
  - [Universal Mask Recommendation for LTCF and ALF](#)
  - [Immediate Response to Institutional Outbreaks](#)
- **CDC:**
  - [Guidance for Long Term Care Facilities](#)
  - [Interim Infection Prevention and Control Recommendations](#)
  - [Strategies for Optimizing the Supply of PPE](#)
  - [Hand Hygiene Provision of Supplies](#)
  - [Personal Protective Equipment \(PPE\) Provision](#)
  - [Educational Materials \(YouTube Series\)](#)
- **CMS:**
  - [Guidance for Long Term Care Facilities \(4/2/20\)](#)
  - [Guidance for Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\) in Nursing Homes \(3/13/20\)](#)
  - [COVID-19 Focused Survey for Nursing Homes \(Infection Control\)](#)
- **American Health Care Association (AHCA):**
  - [Tools and resources, including a sample notification letter to residents and families for facilities with a confirmed COVID-19 case](#)
- **APIC:**
  - [Environmental Services Training Modules and Checklists \(Spanish and English\)](#)
  - [Free Chapter on Outbreak Preparedness and Response](#) (for ICPs)

### **For questions about this report, please contact:**

New Hampshire Healthcare-Associated Infections Program

Infectious Disease Surveillance Section

Division of Public Health Services

NH Department of Health and Human Services

29 Hazen Drive, Concord, NH 03301-6504

Phone: (603) 271-4496

Email: [haiprogram@dhhs.nh.gov](mailto:haiprogram@dhhs.nh.gov)

Website: <http://www.dhhs.nh.gov/dphs/cdcs/hai/index.htm>