Day Activity and Health Services Facility Infection Control Checklist

**Entering the facility**

Prior to entering the facility:

- Is signage posted at facility entrances with visitation restrictions and screening procedures?
- Are there multiple entrances and exits in use, or has the facility limited access points of entry?
- Are signs posted at entrances with instructions to individuals to cover their mouth and nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions and soiled surfaces?
- Are there instructions posted to notify staff of any symptoms of respiratory infection to allow for assessment and use of PPE as applicable?
- Did staff follow procedures to process surveyor screening prior to entry?

**Triage/Registration/Visitor Handling**

After screening and upon entry to the facility, ask if the facility has any clients who have a laboratory-tested positive case of COVID-19.

Upon entering the facility:

- Are staff trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate probable COVID-19 cases?
- Is there a process that occurs after a probable case is identified to include immediate notification of facility leadership for infection control?
- What is the facility’s current visitor policy in response to COVID-19?
  - Is the facility restricting visitors to the following situations?
    - Essential services
    - Individuals with legal authority to enter
**Client Observations and Interviews**

Observe and interview every client.

What information has the facility given to clients regarding:

- hand hygiene
- reporting symptoms of respiratory illness
- returning home each day
- limitations on visitors

**Hand Hygiene**

Interview appropriate staff to determine if hand hygiene supplies (e.g., hand sanitizer, soap, paper towels, garbage bags for disposal, bleach wipes) are readily available and who they contact for replacement supplies.

- Are staff performing hand hygiene when indicated?
- If alcohol-based hand sanitizer is available, is it readily accessible and preferentially used by staff for hand hygiene?
- If there are shortages of hand sanitizer, are staff performing hand hygiene using soap and water?
- Are staff washing hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids, between working with clients)?
- Do staff perform hand hygiene (even if gloves are used) in the following situations:
  - Before and after contact with the clients?
  - After contact with blood, body fluids, or visibly contaminated surfaces?
  - After contact with objects and surfaces in common areas?
  - After removing personal protective equipment (e.g., gloves, gown, facemask) and before performing a procedure such as a sterile task?
  - When being assisted by staff, is client hand hygiene performed after toileting and before meals?
**Personal Protective Equipment (PPE)**

What is the facility's status on available PPE?

If the facility is experiencing shortages, what methods are they using to conserve available supplies?

Are clients wearing masks (homemade or commercially produced)?

- Are they being used properly?
- Are staff using masks?
- If the facility is using handmade masks, are they fitted properly?
- Have staff been fit tested, if applicable to the type of mask?
- Are staff wearing gloves?
- Are gloves worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin?
- Are gloves removed after contact with blood or body fluids, mucous membranes, or non-intact skin?
- Are gloves changed and hand hygiene performed before moving from a contaminated body site to a clean body site during client care?
- Are staff using isolation gowns?
- Are staff using goggles?
- Are staff using face shields?

In what situation are each being used? Interview staff to determine their understanding of the use and conservation of PPE.

Evaluate how the facility staff dons and doffs PPE.

- If PPE use is extended/reused, is it done according to national, state, and local guidelines?
- If the facility is using reusable PPE, how is it sanitized, decontaminated, and maintained between uses?
PPE Usage and Treatment of COVID-19 Positive or Probable Clients

Do staff wear gloves, isolation gown, eye protection, and an N95 or higher-level respirator if available? A facemask is an acceptable alternative if a respirator is not available.

Interview appropriate staff to determine if PPE is available, accessible and used by staff.

- Is there appropriate signage to indicate precautions for isolation of the affected client?
- Is an isolation gown worn for direct client contact if the client has uncontained secretions or excretions?
- Is PPE appropriately removed and discarded after client care, prior to leaving room, followed by hand hygiene?

Education, Monitoring, and Screening of Staff

How has the provider conveyed updates on COVID-19 to all staff?

- Is there evidence the facility staff has been educated on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?
- Do all staff have access to the facility director?
- Do staff have or have access to contact information for the Local Health Department, HHSC, Department of State Health Services, and local hospital for emergencies and medical guidance?

Staff Screening

The facility may use a log to document staff and client screening. The screening documentation must at a minimum include the following: Name, date, temperature and time taken, signs and symptoms (shortness of breath, new or change in cough, sore throat), exposure to a facility with confirmed COVID-19 cases.

- 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)?

Where and how is the screening documented?
If a client has a temperature above normal ranges, but below the CDC-recommended COVID-19 criterion, how is this communicated during shift change to facilitate monitoring of possible symptoms?

**Staff Monitoring**

If staff develop symptoms at work, does the facility:

- have a process for staff to report their illness or developing symptoms?
- ensure they have a facemask and have them return home for appropriate medical evaluation?
- inform the facility’s director and include information on individuals, equipment, and locations of the persons they came in contact with?
- Follow current guidance about returning to work (e.g., local health department, CDC)

**Client Service Plans**

Review client care plans and information for current client health conditions.

- Did the facility conduct a review of all client care plans to establish a baseline for health conditions and symptoms of illness?
- What actions were taken to update plans if necessary and to inform clients about changes in facility policy?

**Medication Administration**

Review the medication list and medication administration record for each client.

- If medications were changed recently or in response to COVID-19 policy implementation, were the clients aware of the changes?
- Were legally authorized representatives informed?
- Were doctor’s instructions followed for medication?
- Are client assessments appropriate?

**Meal Preparation and Service, Activities**

- Has the facility cancelled group outings and practiced social distancing for group activities and meal time?
- For meals given in the dining room or common areas, has the facility allowed for social distancing during mealtime and for clients who require assistance with feeding?
● Is the facility practicing social distancing for activities when they are appropriate during the response to COVID-19?

**Sanitation and Housekeeping**

*Interview housekeeping staff.*

What additional cleaning and disinfection procedures are in place to mitigate spread of illness?

● Does the facility have adequate housekeeping staff to clean and disinfect common areas as frequently as necessary to ensure appropriate infection control?

● Does the facility have adequate supply of housekeeping equipment and supplies?

● Does housekeeping staff know whom to contact if supplies are getting low?

**Emergency Preparedness-Staffing Levels in Emergencies**

Does the facility have a policy and procedures for ensuring staffing to meet the needs of the clients when needed during an emergency, such as the COVID-19 outbreak?

● Does the facility have adequate staffing to care for clients based on current census and client needs?

● Does staff know how to report inadequate staffing needs to the facility director?

● In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the client? (N/A if emergency staff was not needed)

**Reporting and Response after a Positive COVID-19 Case**

Determine the following for each onsite visit positive COVID case reported or discovered onsite.

Review facility isolation precautions and determine how clients are isolated in the facility to ensure compliance with requirements.

● If the facility has known positive cases of COVID-19, were they appropriately reported to HHSC (cases after April 1, 2020) and to local health department or DSHS?
• Is there a local control or quarantine order?
• Is the facility aware of the order?
• Are the control or quarantine orders being followed as appropriate?
• Where the staff work for multiple facilities and or agencies, did the facility track such employment?
• If a staff member tested positive for COVID-19, did the facility contact other facilities where the employee is currently working?
• What is the number of clients positive for COVID-19?
• What is the number of staff positive for COVID-19? Determine if others (contract staff, family members, vendors) are also being tested.
• After a positive COVID-19 case has been identified in the facility, what are facility procedures for allowing the clients to return to the DAHS facility?
• Determine whether staff, clients, and families are notified of positive COVID-19 cases in the facility.
• How is the facility tracking hospitalization of COVID-19-positive DAHS clients?
• How is the facility tracking deaths of COVID-19-positive DAHS clients?
• How is the facility tracking quarantine periods for COVID-19-positive clients and staff?