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| Resize font:  **Infection Prevention Checklist for Outbreak Controls**  |  |
| **Date of Observation:**  Today M-D-Y  mmddyyyy |
| **Facility Name:** |
| **Facility City:** |
| **Facility County:** |
| **Clinical Observer Name:** |
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| **Point-of-Entry Assessment** |
| **Screening tools are in place and facility is daily screening for temps and current COVID-19 symptoms for all persons entering the facility, including staff?**  Yes  No  reset |
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| **Is there hand hygiene, alcohol-based sanitizers, masks and signage posting symptoms for COVID-19 including visitor and staff directions at entrance to the facility?**  Yes  No  reset |
| **Does staff have a dedicated entrance to the facility for this screening to occur prior to getting on the resident units?**  Yes  No  reset |
| **Is a person performing the screening and monitoring the door entrances?**  Yes  No  reset |

Today



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| **Point-of-Entry Comments:**  Expand |
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| **Universal Controls: Masks and Eye Protection**  **HCP- Staff Mask Habits** |
| **Are all staff wearing surgical (paper) medical masks in the facility and all day during their shifts? (not cloth)**  Yes No  reset |
| **Are staff wearing N95 masks in COVID-19 and Observation units?**  Yes No  reset |
| **Masks are worn in offices with more than two HCP?**  Yes No  reset |
| **Do staff wear masks over their mouth and nose?**  Yes No  reset |
| **Are masks worn in common spaces; i.e. stairwells and elevators?**  Yes No  reset |
| **Comments:**  Expand |
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| **Resident Mask Habits** |
| **Are residents wearing masks in the hallways and in the dining room? (may be cloth)?** |

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| Yes No  reset |
| **Wearing always when they are < 6 ft. apart?**  Yes No  reset |
| **Are residents wearing masks when going on outdoor visits over nose and mouth?**  Yes No  reset |
| **Are residents wearing masks when HCP are providing care < 6 ft. apart?**  Yes No  reset |
| **Comments:**  Expand |
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| **Eye Protection Habits** |
| **Are staff wearing face shield or goggles in the entire facility when < 6 ft. from the residents?**  Yes No  reset |
| **Are googles worn with no gaps at the face?**  Yes No  reset |
| **Comment:**  Expand |
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| **Observation of Residents during Communal Gatherings: Dining, Activities, Smoking** |
| **Masks are not worn dangling from ears or on chins any communal gathering?** |

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| Yes No  reset |
| **Residents maintain social distancing in communal settings?**  Yes No  reset |
| **Masks are worn when not eating or smoking during any communal setting?**  Yes No  reset |
| **Masks are worn when speaking on cell phones or facility phones?**  Yes No  reset |
| **HCP delivering trays in dining rooms, helping with activities or supervising smoking are wearing masks over nose and mouth?**  Yes No  reset |
| **Comments:**  Expand |
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| **HCP Breakroom/Dining and Outdoor Break Habits** |
| **Are breakroom chairs 6 feet apart? If no, have some removed.**  Yes No  reset |
| **Are masks put in paper bags when not in use?**  Yes No  reset |
| **Are staff eating then immediately putting back on mask for talking or using cell phones at breaks?**  Yes No  reset |
| **Do break rooms have hand hygiene so that staff may use them when they touch their facemask?** |

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| Yes No  reset |
| **Are staff smoking in groups outside of facility, 6 feet apart?**  Yes No  reset |
| **Do staff perform hand hygiene prior to return to clinical work?**  Yes No  reset |
| **Comments:**  Expand |
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| **PPE Observations** |
| **Gowns and gloves are not worn in hallways?**  Yes No  reset |
| **Donning and Doffing occurs at doorway/entry to the resident's room?**  Yes No  reset |
| **Hand hygiene is performed before and after donning and doffing?**  Yes No  reset |
| **Staff are not wearing warm up jackets over PPE gowns?**  Yes No  reset |
| **Staff are not reusing dirty gowns from resident rooms in breakrooms, and nurse's station?**  Yes No  reset |
| **Comments:** |

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| Expand | | | |
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| **Indoor Visits** | | | |
| **Physical distancing of 6 ft. and universal masking observed by resident and family during indoor visits?**  Yes No  reset | | | |
| **Staff is monitoring IC practices during indoor visits?**  Yes No | | reset | |
| **Hand hygiene is performed during indoor visits if cell phones are shared?**  Yes No | | reset | |
| **Comments:** | | Expand | |
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| **Outdoor Visits** | | | |
| **Physical distancing of 6 ft. and universal masking observed by resident and family during outdoor visits?**  Yes No | | reset | |
| **Staff is monitoring IC practices during outdoor visits?**  Yes No | | reset | |
| **Hand hygiene is performed during outdoor visits if cell phones are shared?**  Yes No | | reset | |
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| **Comments:** | Expand |
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| **Hand Hygiene Assessment** | |
| **Hand hygiene - staff (staff are observed performing with alcohol-based rub or hand washing)?**  Yes No | reset |
| **Hand hygiene - residents (residents are observed performing hand hygiene)?**  Yes No | reset |
| **Facility has an availability of ABHR dispensers at point of care?**  Yes No | reset |
| **Comments:** | Expand |
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| **Environmental Cleaning Assessment** | |
| **Facility observed frequently cleans high touch surfaces?**  Yes No | reset |
| **Comments:** | Expand |
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| **To be used for trained Nurse Observers on the units** | |

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| **PPE Further RN Assessments** | |
| **PPE supplies are available for use in the facility for transmission-based precaution?**  Yes No | reset |
| **Facility is practicing universal masking per HCP CDC and state Department of Health guidance - type of mask is appropriate- N95 for COVID-19 and Yellow zone, surgical mask for Green zone?**  Yes No  reset | |
| **Residents wear cloth mask or surgical mask when not in room and during all resident care in or out of room?**  Yes No  reset | |
| **Facility implemented eyewear protection for all resident care <6 feet to minimize exposure to HCP?**  Yes No | reset |
| **Donning and doffing meet CDC protocols?**  Yes No | reset |
| **Facility has recently completed donning and doffing competency check offs?**  Yes No | reset |
| **PPE sources are known?**  Yes No | reset |
| **PPE supply area is clean, and boxes are off the floor?**  Yes No | reset |
| **HCP properly perform hand hygiene for PPE donning and doffing?**  Yes No | reset |
| **HCP don and doff in appropriate areas?** | |

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| Yes No | reset |
| **HCP don and doff in the proper sequence per CDC guidance?**  Yes No | reset |
| **Comments:** | Expand |
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| **Transmission-Based Precautions (TBP)** | |
| **Facility immediately places COVID-19 symptomatic residents in TBP?**  Yes No | reset |
| **Facility follows guidance from state Department of Health for red/yellow/green - cohorting appropriate?**  Yes No  reset | |
| **Facility follows guidance from IDH for red/yellow/green - staffing appropriate?**  Yes No | reset |
| **New admissions - readmissions placed in TBP for 14 days (unknown COVID-19 status)? If applicable, explain exceptions per company policy in the comments section.**  Yes No | reset |
| **If facility is reusing gowns, is one gown per HCP per resident observed?**  Yes No | reset |
| **If facility is reusing masks for five days, are masks kept at the facility in a paper bag well marked by the HCP?**  Yes No  reset | |
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| **HCP properly wear recommended PPE (gowns, gloves, mask, face shield) among COVID-19 positive residents and unknown COVID-19 status in Yellow zone?**  Yes No  reset | |
| **Facility bundles care for PPE conservation?**  Yes No | reset |
| **COVID-19 unit clearly marked with sign, doors or appropriate barrier?**  Yes No | reset |
| **HCP don and doff in appropriate areas?**  Yes No | reset |
| **Comments:** | Expand |
|  | |
| **Residents are receiving care to meet basic needs** | |
| **Observation of residents: appear clean, well groomed?**  Yes No | reset |
| **Dining observation during meal: Residents receive food and are assisted in preparation and eating, if needed?**  Yes No  reset | |
| **Activities are provided with mask use and social distancing?**  Yes No | reset |
| **No observation of accident hazards in resident areas?**  Yes No | reset |

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| **Call lights are being answered within ten minutes?**  Yes No  reset |
| **Social Interaction: If indoor visitation is allowed:**  **Mask Use, Comfortable area for visiting to allow for social distancing?**  Yes No  reset |
| **Water and other beverages are available between meals?**  Yes No  reset |
| **Staff are available to transport residents to where they want/need to go?**  Yes No  reset |
| **Comments:**  Expand |
| Submit |
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