

Michelle McDonald, RN, MPH, CJCP, Executive Director,
Government Regulations & Advisory Services, Joint Commission
Resources

Kathryn E. Spates, JD, ACNP-BC, Executive Director, Federal
Relations, The Joint Commission

COVID-19 Focused Infection Control Survey for Acute & Continuing Care

May 2020

*This is informational material and does not constitute legal advice regarding any specific situation.



Background

- On Friday, March 13, 2020, the President declared a national emergency, which triggers the Secretary’s ability to authorize waivers or modifications of certain requirements pursuant to section 1135 of the Social Security Act (the Act).
- Under section 1135(b)(5) of the Act, CMS is prioritizing surveys, including infection control surveys.
- CMS created infection control survey tool to help with infection control surveys.

COVID-19 Focused Infection Control Survey

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

COVID-19 Focused Infection Control Survey

Tool: Acute & Continuing Care

- This infection tool provides a focused review of the critical elements associated with the transmission of COVID-19.
- Facilities are expected to be in compliance with CMS guidance that is in effect at the time of the survey.
- Content within this tool may be generally applied to any setting.

COVID-19 Focused Infection Control Survey

Tool: Acute & Continuing Care

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

General guidance: This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19. Entry and screening procedures as well as patient care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

Content within this tool may be generally applied to any setting. However, CMS recognizes that not all acute and continuing care providers have the same acuity or capacity and therefore, depending upon the setting, not all information will be applicable on every survey (e.g.; aerosol generating procedures section). If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] **COVID-19.**”

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with guidance in the appropriate provider/supplier appendix of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For purposes of this document, “staff” includes employees, consultants, contractors, volunteers, and others who provide care and services to patients on behalf of the facility. Additionally, the general term “facility” means inpatient, congregate settings, hospitals, intermediate care facilities for individuals with intellectual disabilities, dialysis facilities, and clinics, and “home” refers to settings such as hospice and home health where care is provided in the home.

Entering the Facility/Triage/Registration:

Prior to entering the facility:

- Is signage posted at facility entrances with visitation restrictions and screening procedures?
- Are signs posted at entrances with instructions to individuals seeking medical care with symptoms of respiratory infection to immediately put on a mask and keep it on during their assessment, cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions?

Entering the Facility/Triage/Registration:

Upon entering the facility:

- Are staff trained on appropriate processes to rapidly identify and isolate suspect COVID-19 cases?
- Is there a process that occurs after a suspected case is identified to include immediate notification of facility leadership/infection control?

Entering the Facility/Triage/Registration:

Visitation:

- Facilities should limit visitation.
- Are facilities actively screening visitors?
- What is your current screening criteria?
- For permitted visitors, are they instructed to frequently perform hand hygiene; limit their interactions with others in the facility; restrict their visit to the patient's room or other location designated by the facility; and offered personal protective equipment (PPE) as supply allows?

Standard and Transmission-Based Precautions (TBPs): General Standard Precautions

Are staff performing the following appropriately?

- Respiratory hygiene/cough etiquette,
- Environmental cleaning and disinfection, and
- Reprocessing of reusable patient medical equipment (i.e., cleaning and disinfection per device and disinfectant manufacturer's instructions for use)?

Hand Hygiene

Are staff performing hand hygiene when indicated?

- If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used?
- If there are shortages of ABHR, are staff performing hand hygiene using soap and water instead?
- Are staff washing hands with soap and water when their hands are visibly soiled?

Do staff perform hand hygiene (even if gloves are used) in the following situations?

- Before and after contact with the patient;
- After contact with blood, body fluids, or visibly contaminated surfaces;
- After removing personal protective equipment; and
- Before performing a procedure such as an aseptic task?

Surveyors will interview appropriate staff to determine if hand hygiene supplies are readily available.

Personal Protective Equipment

Determine if staff appropriately use PPE including, but not limited to, the following:

- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
- Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin;
- Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during care; and
- An isolation gown is worn for direct resident contact if the resident has uncontained secretions or excretions. An isolation gown is worn for direct patient contact if the patient has uncontained secretions or excretions;
- A facemask, gloves, isolation gown, and eye protection are worn when caring for a patient with new acute cough or symptoms of an undiagnosed respiratory infection unless the suspected diagnosis requires airborne precautions.

Personal Protective Equipment Cont.

- If PPE use is extended/reused, is it done according to national and/or local guidelines? If it is reused, is it cleaned/decontaminated/maintained after and/or between uses?
- Surveyors will Interview appropriate staff to determine if PPE is available, accessible and used by staff.

Aerosol Generating Procedures

Aerosol – Generating Procedures:

Appropriate mouth, nose, clothing, gloves, and eye protection is worn for performing aerosol-generating and/or procedures that are likely to generate splashes or sprays of blood or body fluids and COVID-19 is suspected;

Aerosol Generating Procedures Cont.

Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing. If performed the following should occur:

- Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.
- The number of staff present during the procedure should be limited to only those essential for care and procedure support.

Aerosol – Generating Procedures Cont.:

- AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
- Clean and disinfect procedure room surfaces promptly as and with appropriate disinfectant.

Standard and Transmission-Based Precautions (TBPs)

Determine if appropriate Transmission-Based Precautions are implemented:

- Signage on the patient's room regarding need for transmission-based precautions
- PPE use by staff
- Dedicated or disposable noncritical patient-care equipment are used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant prior to use on another patient or before being returned to a common clean storage area;
- When transport or movement is medically-necessary outside of the patient room, does the patient wear a facemask?

Standard and Transmission-Based Precautions (TBPs)

Determine if appropriate Transmission-Based Precautions are implemented cont.:

- Contaminated surfaces, objects and environmental surfaces that are touched frequently and in close proximity to the patient are cleaned and disinfected with an EPA-registered disinfectant for healthcare use at least daily and when visibly soiled.
- Surveyors will interview staff to determine if they are aware of processes/protocols for transmission-based precautions.
- For providers of care in the home, has the provider, educated patients and family members regarding transmission of infectious diseases and specifically mitigating transmission of COVID-19.

Standards, Policies and Procedures

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

Infection Surveillance

- Does the facility know how many patients in the facility have been diagnosed with COVID-19 (suspected and confirmed)?
- The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of fever, respiratory illness, or other signs/symptoms of COVID-19.
- The plan includes early detection, management of a potentially infectious, symptomatic patient and the implementation of appropriate transmission-based precautions/PPE.
- The facility has a process for communicating the diagnosis, treatment, and laboratory test results when transferring patients to an acute care hospital or other healthcare provider.
- Can appropriate staff (e.g., nursing and leadership) identify/describe the communication protocol with local/state public health officials?
- Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

Education, Monitoring, and Screening of Staff

- Is there evidence the provider has educated staff on COVID-19?
- How does the provider convey updates on COVID-19 to all staff?
- Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness?
- If staff develop symptoms at work, does the facility have a process?

Emergency Preparedness - Staffing in Emergencies

- **Policy development:** Does the facility have a policy and procedure for ensuring staffing to meet the needs of the patients when needed during an emergency, such as a COVID-19 outbreak?
- **Policy implementation:** In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the patient?

Considerations Specifically for Hospitals and CAHs

Patient Care

- Is the facility restricting patients (to the extent possible) to their rooms except for medically necessary purposes?
- If patients have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (stay at least 6 feet away from others)?
- Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national, state, or local public health authority recommendations?

Considerations Specifically for Hospitals and CAHs

Environmental Cleaning

- During environmental cleaning procedures, personnel wear appropriate PPE to prevent exposure to infectious agents or chemicals?
- Environmental surfaces in patient care areas are cleaned and disinfected, using an EPA-registered disinfectant on a regular basis, when spills occur and when surfaces are visibly contaminated;

Considerations Specifically for Hospitals and CAHs

Environmental Cleaning cont.

- Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturer's instructions.
- The hospital decontaminates spills of blood or other body fluids according to its policies and procedures, using appropriate EPA-registered hospital disinfectants?

Additional Considerations Specifically for Dialysis Facility Surveys

Hand Hygiene Considerations

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

Additional Considerations Specifically for Dialysis Facility Surveys

Cleaning & Disinfection Considerations

- Items taken to dialysis station must be either disposed of, dedicated for use on a single patient or cleaned & disinfected before being taken to a common clean area or used on another patient
- Use proper aseptic technique during vascular access care, medication preparation administration
- Proper cleaning & disinfection of dialysis station including dialysis machine, chair, prime waste receptacle, reusable acid & bicarbonate containers after previous patient fully vacates station.

Additional Considerations Specifically for Dialysis Facility Surveys

Cleaning & Disinfection Considerations cont.

- Clean areas should be clearly designated for preparation, handling & storage of medications & unused supplies equipment.
- Clean areas clearly separated from contaminated areas where used supplies & equipment are handled.
- Proper disposal of bio-hazard waste
- Isolation Considerations
 - Ensure dedicated machines, equipment, instruments, supplies, & medications that will not be used to care for non-isolation patients.

Summary

- Facilities can review the Focused Survey tool to determine CMS's expectations for an infection prevention and control program during the COVID-19 pandemic.
- Priority areas include: Standard Precautions; Patient Care (including patient placement); Infection Prevention and Control Standards, Policies and Procedures; Visitor Entry; Education, Monitoring, and Screening of Staff; and Emergency Preparedness – staffing in emergencies.