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| Transforming Lives | DEVELOPMENTAL DISABILITIES ADMNISTRATION (DDA)  **Community Residential Services**  **Infection Control/Response QA Tool** | | | | | | | | | |  |
| DATE | | | | | | VISIT TYPE (select) | | | Initial Visit  Follow-up Visit; Subsequent Visit | | |
| REVIEWER’S NAME | | | | | | CERTIFICATION EXPIRATION DATE | | | | | |
| **Reviewer should obtain information below prior to conducting QA assessment** | | | | | | | | | | | |
| CERTIFIED/LICENSED AGENCY | | | | | | AGENCY/PROGRAM ADMINISTRATOR NAME | | | | | |
| HOUSE/PROGRAM NAME | | | | | | HOUSE/PROGRAM MANAGER NAME | | | | | |
| ADDRESS | | | | | | NUMBER OF INDIVIDUALS IN HOME | | | | | |
| CITY STATE ZIP CODE | | | | | | TOTAL HOUSEHOLD CAPACITY | | | | | |
| TELEPHONE NUMBER | | | | | | AGENCY MAIN TELEPHONE NUMBER | | | | | |
|  | | | | | | | | | | | |
| INDIVIDUALS RESIDING IN THE HOME | | ADSA ID | | | | AGE (select) | | SUPPORT NEED LEVEL | | STAFF PRESENT | |
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| This is an infection control assessment and response quality assurance tool that can be used to help providers prepare and respond to the coronavirus pandemic (COVID-19). This tool may also contain content relevant across multiple programs.  The items assessed support the key strategies of:   * Keeping COVID-19 out of supported living and group home settings * Identifying infections as early as possible * Preventing spread of COVID-19 in the home * Assessing and optimizing personal protective equipment (**PPE**) supplies * Identifying and managing severe illness in individuals with COVID-19   The areas assessed include:   * Staff procedures to ensure safety * Visitor restrictions * Education, monitoring, and screening of individuals, staff and visitors * Managing PPE and other supplies * Infection prevention, control and response practices * Communicating with the state and local health department and healthcare provider(s)   Findings from the assessment can be used to target specific quality assurance activities that providers can immediately focus on while continuing to keep individuals safe.  Resources:  [CENTERS FOR DISEASE CONTROL AND PREVENTION](https://www.cdc.gov/coronavirus/2019-ncov/index.html)  [DEPARTMENT OF HEALTH](https://www.doh.wa.gov/)  [GOVERNOR’S PROCLAMATION LINK](https://www.governor.wa.gov/issues/issues/covid-19-resources)  [RESIDENTIAL CARE SERVICES/ALTSA PROVIDER](https://www.dshs.wa.gov/altsa/residential-care-services/altsa-provider-letters?type=CRS&utm_medium=email&utm_source=govdelivery) | | | | | | | | | | | |
| **CURRENT ISSUES/CONCERNS:** | | | | | | | | | | | |
| **Reviewer should obtain information below prior to conducting QA tool.** | | | | | | | | | | | |
| Any cases of COVID-19 currently identified in the home (staff or clients)?  Any cases of COVID-19 currently identified within the residential agency (staff or clients)?  Any known cases of COVID-19 in the local community that are of concern to the well-being of the individual?  Any known compliance issues related to infection control identified by DOH, RCS, DDA, APS, etc.?  What is the current county phase?  What is the current SafeStart phase?  Any other concerns or information?  Comments: | | | | | | | | | | | |
| **STAFF PROCEDURES** | | | **Yes** | **No** | **N/A** | | **Comments**  **(provide specific information on “No” and “N/A” responses only)** | | | | |
| 1.) Is there a current procedure for staff to follow to reduce infection rate in accordance with state proclamations, DOH and CDC guidelines? | | |  |  |  | |  | | | | |
| 2.) Are staff aware of policies and/or protocols for staff entering and exiting an individual’s home to reduce risk to the safety and well-being of the individual? | | |  |  |  | |  | | | | |
| 3.) Are staff screened prior to entry to the residence for symptoms of COVID-19 and are those with symptoms (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) sent home? | | |  |  |  | |  | | | | |
| 4.) Is there a personal protective equipment (PPE) staging area for staff to use prior to entry into (or further into) the home? | | |  |  |  | |  | | | | |
| 5.) Are there any further restrictions or requirements of staff once they enter the home (e.g. hand hygiene, must wear a face covering **at all times**, restricted movement within the home to the individual's room or other designated areas, etc.)? | | |  |  |  | |  | | | | |
| 6.) Is there a plan in place to reduce client contact and mitigate transmission of COVID-19 such as designing staff schedules to reduce risk of spreading infection, limiting staff work locations when possible and tracking staff who work in multiple homes, limiting staff groups, and implement contact tracing to reduce staff-to-client contact? | | |  |  |  | |  | | | | |
| 7.) Is there ongoing staff monitoring and training related to infection prevention and control? | | |  |  |  | |  | | | | |
| 8.) Are staff documenting the performance of duties like use of PPE and hand hygiene? | | |  |  |  | |  | | | | |
| 9.) Is there agency guidance on expectations when reporting to work such as not coming to work when ill, communicating when presenting with two or more symptoms, identifying other places of employment, etc.? | | |  |  |  | |  | | | | |
| **VISITATION/NON-ESSENTIAL STAFF RESTRICTIONS** (visitors and staff not part of routine care team) | | | **Yes** | **No** | **N/A** | | **Comments**  **(provide specific information on “No” and “N/A” responses only)** | | | | |
| 1.) Is there a current protocol for restricting/screening visitors and non-essential staff entering the home in accordance with state and county guidelines? | | |  |  |  | |  | | | | |
| 2.) Are there any exceptions to the visitation policy in accordance with proclamations that uphold the safety and well-being of the individual? | | |  |  |  | |  | | | | |
| 3.) Are visitors screened prior to entry for symptoms of COVID-19, and those with symptoms (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) are not permitted to enter the home? | | |  |  |  | |  | | | | |
| 4.) Are there any further restrictions or requirements of visitors once they enter the home (e.g. hand hygiene, must wear a face covering, restricted movement within the home to the individual's room or other designated areas, etc.)? | | |  |  |  | |  | | | | |
| 5.) Have you communicated (e.g. telephone, letter, email, conversation) with the individual, family and friends advising them on the policy for restricting visitors? | | |  |  |  | |  | | | | |
| 6.) Are there alternative ways for the individual to communicate with others outside of the home in lieu of visits? | | |  |  |  | |  | | | | |
| 7.) Is there signage or monitoring to deter visitor entrance into the home **prior** to screening? | | |  |  |  | |  | | | | |
| 8.) Is there a personal protective equipment (PPE) staging area for visitors and non-essential staff to use prior to entry the home? | | |  |  |  | |  | | | | |
| 9.) Is there agency guidance on expectations for visitors such as discouraging visitation for any one reporting symptoms or having possible contact with a person infected, not entering the home when presenting symptoms, etc.? | | |  |  |  | |  | | | | |
| **PERSONAL PROTECTIVE EQUIPMENT (PPE) and OTHER SUPPLIES** | | | **Yes** | **No** | **N/A** | | **Comments**  **(provide specific information on “No” and “N/A” responses only)** | | | | |
| 1.) Do you have enough supply of appropriate PPE (e.g. facemasks, N95/KN95 masks, face shields, respirators, eye protection, gowns, gloves, etc.) for staff and individuals for the next 1-2 weeks? (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html) | | |  |  |  | |  | | | | |
| 2.) Are you implementing strategies to conserve PPE and critical cleaning materials, and do you have a backup plan if you don’t have enough?  **If PPE shortages are identified or anticipated, agencies should engage the Department of Health and/or local health jurisdiction for assistance.** | | |  |  |  | |  | | | | |
| 3.) Are you implementing measures to optimize current PPE and critical cleaning supplies? (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/ index.html) | | |  |  |  | |  | | | | |
| 4.) Do you know where your PPE is located and is it readily available for staff that need it? | | |  |  |  | |  | | | | |
| 5.) Are staff using PPE correctly? | | |  |  |  | |  | | | | |
| 6.) Are staff discarding PPE correctly? | | |  |  |  | |  | | | | |
| 7.) Is there adequate amount of critical cleaning supplies on hand for the next 1-2 weeks?  **EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 for frequent cleaning of high-touch surfaces and shared individual care equipment.** (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html) | | |  |  |  | |  | | | | |
| 8.) Are trash cans, receptacles and other sanitation supplies accessible throughout the home?  **Tissues and trash cans are available in common areas and individual rooms for respiratory hygiene and cough etiquette and source control.** | | |  |  |  | |  | | | | |
| **INFECTION PREVENTION and CONTROL PRACTICES** | | | **Yes** | **No** | **N/A** | | **Comments**  **(provide specific information on “No” and “N/A” responses only)** | | | | |
| 1.) Is there a hand hygiene protocol in place and being practiced appropriately (e.g. before individual contact, even if gloves are worn, after contact with the individual, after contact with possible contaminated surfaces or equipment, before aseptic care, after removing PPE, etc.)? (**https://www.cdc.gov/handwashing/videos.html**) | | |  |  |  | |  | | | | |
| 2.) Is appropriate PPE being used when there is a suspected or confirmed case of COVID-19? | | |  |  |  | |  | | | | |
| 3.) Is there a PPE donning and doffing protocol staff have been trained on and are using appropriately?  **PPE is removed in a manner to prevent self-contamination and hand hygiene is performed immediately after removal.** | | |  |  |  | |  | | | | |
| 4.) Is there regular monitoring of staff to ensure agency policy and procedure are being followed? | | |  |  |  | |  | | | | |
| 5.) Have you provided any education to the individual you support on ways he/she can protect themselves?  **Talk about COVID-19 (e.g. symptoms, how it is transmitted), the importance of immediately informing staff at the onset of a fever or other symptoms, actions that can be taken to protect themselves (e.g. hand hygiene, covering their cough, maintaining social distancing), actions staff are taking to keep everyone safe (e.g. visitor restrictions, changes in PPE use, canceling group activities, etc.)** | | |  |  |  | |  | | | | |
| 6.) Are you keeping track of individuals and staff who are symptomatic, have confirmed case of coronavirus, and those whom they may have been in contact with in the home and program?  **Provider keeps a list of symptomatic individuals (link to respiratory infection surveillance tool):** ([**https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf**](https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf)**) (**[**https://www.cdc.gov/coronavirus/2019-ncov/downloads/Contact-Tracing-Infographic-FINAL.pdf**](https://www.cdc.gov/coronavirus/2019-ncov/downloads/Contact-Tracing-Infographic-FINAL.pdf)) | | |  |  |  | |  | | | | |
| 7.) Is the individual advised to stay in his/her room when there is a suspected or confirmed case of COVID-19? Is he/she encouraged to wear a facemask when leaving the bedroom?  **Individuals are encouraged to remain in their rooms. If there are cases in the home, individuals are restricted (to the extent possible) to their rooms except for medically necessary purposes. If individuals leave their rooms, they should wear a cloth face covering or facemask (if tolerated), perform hand hygiene, limit movement in the home, and perform social distancing.** | | |  |  |  | |  | | | | |
| 8.) Is there an admissions process to ensure new individuals coming into residential services are screened?  **Provider should have a plan for managing new admissions and readmissions whose COVID-19 status is unknown.** | | |  |  |  | |  | | | | |
| 9.) Is there a testing process and isolation/quarantine protocol in place for suspected cases?  **Provider has a plan for how individuals who are suspected of having COVID-19 will be handled (e.g., transfer to single room, prioritize for testing, transfer to COVID-19 unit if positive). Staff should closely monitor roommates and other individuals who may have been exposed to an individual with suspected or confirmed COVID-19 and, if possible, avoid placing unexposed individuals into a shared space with them.** | | |  |  |  | |  | | | | |
| **REPORTING** | | | **Yes** | **No** | **N/A** | | **Comments**  **(provide specific information on “No” and “N/A” responses only)** | | | | |
| 1.) Is there a communication protocol in place if there is a suspected or confirmed case of COVID-19 in an individual or staff in the home or program?  **Provider should notify the health department or local health jurisdiction, RCS and DDA about any of the following:**   * **COVID-19 is suspected or confirmed in an individual or staff** * **An individual has severe respiratory infection resulting in hospitalization or death** * **A cluster of new-onset respiratory symptoms among individuals or staff (≥3 cases over 72 hours)** | | |  |  |  | |  | | | | |
| 2.) Is there a communication protocol in place on how and when to communicate suspected or confirmed case of COVID-19 in an individual or staff in the home or program to other individuals, staff and relevant family members? | | |  |  |  | |  | | | | |
| 3.) Is there regular communication with the local health jurisdiction and accessing CDC data to get up-to-date information to ensure best practices are being followed? | | |  |  |  | |  | | | | |
| **CORRECTIONS, CONSULTATIONS, AND FOLLOW-UP:** | | | | | | | | | | | |
| **Review the data and summarize the areas marked “No” and areas needing improvement where noted. These areas require corrective action and follow-up by staff, the reviewer, quality assurance staff and management, DDA resource manager, and/or DDA case manager. Recommendations and suggestions for “best practice” can also be included as they relate to service contract, policy, and WACs.** | | | | | | | | | | | |