NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

COVID-19 Long-Term Care Infection Control Assessment and Response (ICAR) Tool for LTCFs

The following infection prevention and control assessment tool should be used to assist long-term care settings with preparing to care for residents with COVID-19. Please base your assessment both on your facility's policies and the observed practices occurring at your facility.

The assessment focuses on the following priorities, which should be implemented by all long-term care facilities.

- **Keep COVID-19 from entering your facility:**
  - Limit access points to the facility.
  - Follow current guidance for visitation in LTCFs.
  - Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber).
  - Actively screen all HCP for fever and respiratory symptoms before starting each shift; send them home if they are ill.
  - Cancel all field trips outside of the facility.
  - Assess if any staff or consultants work at multiple facilities. Dedicate staff to one facility only.
  - Have residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis) wear a facemask whenever they leave their room, including for procedures outside of the facility.
- **Identify infections early:**
  - Actively screen all residents at least daily for fever and respiratory symptoms; immediately isolate anyone who is symptomatic.
    - Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include: new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is circulating in the community.
  - Notify the health department if there are any cases of confirmed or suspected COVID-19 or severe respiratory disease, or if there is a cluster (≥3 residents and/or HCP) of respiratory infections.
- **Prevent spread of COVID-19:**
  - Follow current NC DHHS and CDC guidance on group activities and indoor dining.
  - Enforce social distancing among residents.
  - Implement universal facemask use by all people in the facility (source control), including all staff, residents, and visitors.
    - If facemasks are in short supply, they should be prioritized for direct care personnel. All HCP should be reminded to practice social distancing when in break rooms or common areas.

- - Residents and staff who do not provide direct patient care may wear cloth masks as source control. Cloth masks are not considered PPE and should not be used instead of a surgical mask or respirator.
  - If COVID-19 is identified in the facility, restrict all residents to their room and have HCP wear all recommended PPE for all resident care, regardless of the presence of symptoms. Refer to strategies for optimizing PPE when shortages exist.
    - Cohort COVID-19 positive residents with dedicated staff in one area and COVID-19 negative residents with dedicated staff in a separate area.
    - This approach is recommended to account for residents who are infected but not manifesting symptoms. Recent experience suggests that a substantial proportion of long-term care residents with COVID-19 do not demonstrate symptoms.
    - When a case is identified, public health can help inform decisions about testing asymptomatic residents on the unit and in the facility.
- **Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply:**
  - For example, extended use of facemasks and eye protection or prioritization of gowns for certain resident care activities
    - https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html
- **Identify and manage severe illness:**
  - Facility performs appropriate monitoring of ill residents (including documentation of pulse oximetry if available) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.

Demographics

Date of Assessment	
Assessment Completed by	
Facility Name	
Facility Location	
Facility Type	□ Long Term Care □ Skilled Nursing Facility □ Nursing Home □ Assisted living Facility □ Adult Care Home □ Other _____
Number of Licensed Beds	
Facility Certified by CMS	□ Yes □ No
Facility Licensed by State	□ Yes □ No
Facility License #	
Facility Affiliated with Hospital	□ Yes_____ Hospital Name □ No
Contact Person	
Contact Person's Title	
Contact Person's Phone	
Contact Person's Email	
Total Staff Hours Per Week Dedicated to Infection Prevention	

Which of the following situations apply to the facility? (Choose the most appropriate answer)
□ No cases of COVID-19 currently reported in their community
□ Cases reported in their community
□ Sustained transmission reported in their community
□ Cases identified in their facility (either among HCP or residents)

How many days' supply does the facility have of the following PPE and alcohol-based hand sanitizer (ABHS)?

> Facemasks:
>
> N-95 or higher-level respirators:
>
> Isolation gowns:
>
> Eye protection:
>
> Gloves:
>
> ABHS:

Visitor restrictions		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
Facility restricts all visitation except certain compassionate care situations, such as end of life situations, decided on a case by case basis.	☐ Yes ☐ No	
Potential visitors are screened prior to entry for fever or respiratory symptoms. Those with symptoms are not permitted to enter the facility.	☐ Yes ☐ No	
Visitors that are permitted inside, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility.	☐ Yes ☐ No	
Visitors are reminded to frequently perform hand hygiene.	☐ Yes ☐ No	
Facility has sent a communication (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 situations, and that alternative methods for visitation (e.g., video conferencing) will be facilitated by the facility.	☐ Yes ☐ No	
Facility has provided alternative methods for visitation (e.g., video conferencing) for residents.	☐ Yes ☐ No	
Facility has posted signs at entrances to the facility advising that no visitors may enter the facility.	☐ Yes ☐ No	

Education, monitoring, and screening of healthcare personnel (HCP)		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
Facility screens all HCP (including consultant personnel) at the beginning of their shift for fever and respiratory symptoms	☐ Always ☐ Sometimes ☐ Never	

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(actively takes their temperature and documents absence of shortness of breath, new or change in cough, and sore throat).		
If HCP are ill, they are instructed to put on a facemask and return home.	☐ Always ☐ Sometimes ☐ Never	
Facility keeps a list of symptomatic HCP.	☐ Yes ☐ No	
Dedicated health care personnel are assigned to work with COVID positive patients. These personnel do not interact with other staff or residents.	☐ Yes ☐ No	
Non-essential personnel including volunteers and non-essential consultant personnel (e.g., barbers) are restricted from entering the building.	☐ Yes ☐ No	
Personnel who work at multiple facilities are assigned to a single facility until COVID-19 transmission in the community has been contained.	☐ Yes ☐ No	

Facility has provided education and refresher training to HCP (including consultant personnel) about the following:
 	
☐ COVID-19 (e.g., symptoms, how it is transmitted)
☐ Sick leave policies and importance of not reporting or remaining at work when ill
☐ Adherence to recommended IPC practices, including:
   o Hand hygiene,
   o Selection and use including donning and doffing PPE,
   o Cleaning and disinfecting environmental surfaces and resident care equipment
☐ Any changes to usual policies/procedures in response to PPE or staffing shortages
	☐ Yes ☐ No
	☐ Yes ☐ No
	
	☐ Yes ☐ No
	
	☐ Yes ☐ No
	☐ N/A	

Education, monitoring, and screening of residents		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
Facility assesses residents for fever and symptoms of respiratory infection upon admission and at least daily throughout their stay in the facility, including atypical symptoms such as new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these atypical symptoms should prompt	☐ Always ☐ Sometimes ☐ Never	

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isolation and further evaluation for COVID-19 if it is circulating in the community.		
Residents with suspected respiratory infection are immediately placed in appropriate Transmission-Based Precautions.	☐ Always ☐ Sometimes ☐ Never	
Facility performs appropriate monitoring of ill residents (including documentation of pulse oximetry, if available) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.	☐ Always ☐ Sometimes ☐ Never	
Facility keeps a list of symptomatic residents.	☐ Yes ☐ No	
Facility has dedicated wing or area to manage patients with COVID-19 which is separate from other residents and personnel in non-COVID area.	☐ Yes ☐ No	
Facility has taken action to stop group activities inside the facility and field trips outside of the facility.	☐ Yes ☐ No	
Facility has taken action to stop communal dining.	☐ Yes ☐ No	
Facility has residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis or chemotherapy) wear a facemask whenever they leave their room, including for procedures outside of the facility.	☐ Always ☐ Sometimes ☐ Never	
If PPE supply allows, have HCP wear all recommended PPE (gown, gloves, eye protection, and respirator or facemask) for care of these residents, regardless of symptoms. Refer to strategies for optimizing PPE when shortages exist.	☐ Always ☐ Sometimes ☐ Never	
Facility has provided education to residents about the following: ☐ COVID-19 (e.g., symptoms, how it is transmitted) ☐ Importance of immediately informing HCP if they feel feverish or ill ☐ Actions they can take to protect themselves (e.g., hand hygiene, covering their cough, maintaining social distancing) ☐ Actions the facility is taking to keep them safe (e.g., visitor restrictions, changes in PPE, canceling group activities and communal dining)	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	

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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)
 	
   ☐   Residents are encouraged to remain in their room. If there are cases in the facility, residents are restricted (to the extent possible) to their rooms except for medically necessary purposes. If residents leave their room, they wear a facemask, perform hand hygiene, limit movement in the facility and perform social distancing.
   ☐   Cohort ill residents with dedicated HCP.
	☐ Yes ☐ No
	
	☐ Yes ☐ No	

Availability of PPE and Other Supplies		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
Facility has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand rub, EPA-registered disinfectants, tissues).	☐ Yes ☐ No	
If PPE shortages are identified or anticipated, facility will make an urgent PPE request through the Office of Emergency Medical Services. (See education resources in toolkit for further information.)	☐ Yes ☐ No	
Facility has implemented measures to optimize current PPE supplies, which include options for extended use, reuse, and alternatives to PPE. For example, under extended use, the same facemask and eye protection may be worn during 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. Additional options and details are available here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html	☐ Always ☐ Sometimes ☐ Never	
Hand hygiene supplies are available in all resident care areas.	☐ Always ☐ Sometimes ☐ Never	

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	Assessment	Notes/Areas for Improvement
Alcohol-based hand sanitizer* with 60-95% alcohol is available in every resident room, hallway, and other resident care and common areas. *If there are shortages of ABHS, hand hygiene using soap and water is still expected.	☐ Always ☐ Sometimes ☐ Never	
Sinks are stocked with soap and paper towels.	☐ Always ☐ Sometimes ☐ Never	
PPE is available in resident care areas (e.g., outside resident rooms). PPE 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).	☐ Always ☐ Sometimes ☐ Never	
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. *See EPA List N: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2	☐ Always ☐ Sometimes ☐ Never	
Increased frequency of environmental cleaning while COVID-19 transmission is occurring in the community.	☐ Always ☐ Sometimes ☐ Never	
Tissues are available in common areas and resident rooms for respiratory hygiene, cough etiquette, and source control.	☐ Always ☐ Sometimes ☐ Never	
Infection Prevention and Control Practices		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**
HCP wear the following PPE when caring for residents with undiagnosed respiratory illness unless the suspected diagnosis required Airborne Precautions (e.g., tuberculosis): • Gloves • Isolation gown • Facemask or respirator • Eye protection (e.g., goggles or face shield) If COVID-19 is suspected, an N-95 or higher-level respirator is preferred, if available and the facility has a respiratory protection program with fit-tested HCP; facemasks are an acceptable alternative.	☐ Always ☐ Sometimes ☐ Never	

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Elements to be assessed	Assessment	Notes/Areas for Improvement
PPE are removed in a manner to prevent self-contamination, hand hygiene is performed, and new PPE are put on after each resident except as noted in CDC's extended use and reuse guidance.	☐ Always ☐ Sometimes ☐ Never	
Facility has implemented universal use of facemasks for all staff, residents, and visitors while in the facility. If facemasks are in short supply, they are prioritized for direct care personnel.	☐ Always ☐ Sometimes ☐ Never	
All HCP are reminded to practice social distancing when in break rooms or common areas.	☐ Always ☐ Sometimes ☐ Never	
Non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use.	☐ Always ☐ Sometimes ☐ Never	
EPA-registered disinfectants are prepared and used in accordance with label instructions.	☐ Always ☐ Sometimes ☐ Never	
HCP perform hand hygiene 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 sterile procedure ☐ After removing PPE *A=always, S=sometimes, N=never	☐ A ☐ S ☐ N ☐ A ☐ S ☐ N ☐ A ☐ S ☐ N ☐ A ☐ S ☐ N ☐ A ☐ S ☐ N	
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) Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator (or facemask if not available)) for the care of all residents, regardless of presence of symptoms. This is done (if PPE supply allows) when COVID-19 is identified in the facility. Refer to strategies for optimizing PPE when shortages exist. This approach is recommended to account for residents who are infected but not manifesting symptoms. Recent experience suggests that a substantial proportion of long-term care residents with COVID-19 do not demonstrate symptoms.	☐ Always ☐ Sometimes ☐ Never	
Communication		
Elements to be assessed	**Assessment**	**Notes/Areas for Improvement**

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Facility communicates information about known or suspected COVID-19 patients to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities.	☐ Always ☐ Sometimes ☐ Never	
Facility notifies the health department about any of the following: • COVID-19 is suspected or confirmed in a resident or healthcare provider • A resident has severe respiratory infection • A cluster (e.g., ≥ 3 residents or HCP with new-onset respiratory symptoms over 72 hours) of residents or HCP with symptoms of respiratory infection is identified.	☐ Always ☐ Sometimes ☐ Never	
Facility has a plan to acquire temporary staff on short notice in case of an emergency staffing shortage.	☐ Yes ☐ No	
Facility can provide points of contact with the local/state health department	☐ Yes ☐ No	