

# Infection Prevention and Control Manual

## Infection Preventionist Surveillance Audit

### COVID-19 Pandemic

#### Infection Preventionist Surveillance - COVID-19 Audit

Surveillance	YES	NO	COMMENTS
<b>Employee Monitoring</b>			
1. Active employee screening is completed prior to all staff entering the nursing units. (Temperature and symptom check is documented)			
2. Symptomatic employees are added to the employee line list			
3. Employees who develop any signs/symptoms of COVID-19 are immediately sent home			
<b>Resident Monitoring</b>			
1. Resident Symptom Evaluation is completed for each resident on all shifts and documented on Resident Symptom Evaluation			
2. The Room Log is completed with documentation for any individual entering the room of a resident with Suspected of Confirmed COVID-19			
3. Symptomatic residents are added to the facility line list			
4. Symptomatic residents are tested for COVID-19			
5. Increased monitoring of ill residents is completed at least each shift to include: <ul style="list-style-type: none"> <li>a. Vital signs</li> <li>b. Oxygen Saturation</li> <li>c. Respiratory Evaluation/Assessment</li> </ul>			
6. All residents wear cloth face coverings when leaving room for any reason			
<b>Visitor Monitoring</b>			
1. Only end-of-life/compassionate care visitors are permitted in the facility (unless facility is following State specific reopening guidance)			
2. Visitor is screened for fever and signs/symptoms using the Visitor Symptom Evaluation form			
<b>Personal Protective Equipment (See PPE Audit Tool)</b>			
1. PPE supply is replenished in the isolation carts			
2. Masks and hand hygiene supplies are available for visitors at the entrance for end-of-life/compassionate care visitors			
3. PPE supplies are adequate for a 2 week supply			
<b>Resident Placement</b>			
1. All COVID-19 confirmed positive residents are placed on appropriate unit or wing separated from other residents			
2. Residents exposed, suspected or new admissions are placed in dedicated quarantine space in facility in private rooms with own bathroom			

This resource was developed utilizing Information from CDC and CMS.

Providers are reminded to review state and local specific information for any variance to national guidance

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Miscellaneous			
1. Consistent assignment is practiced <ul style="list-style-type: none"> <li>Separate Staff on COVID-19 positive unit</li> <li>Separate Staff on quarantine unit</li> <li>Separate Staff on negative unit(s)</li> </ul>			
2. Only essential staff enter COVID-19 positive and quarantine units			
Comments			

Employee \_\_\_\_\_ Date \_\_\_\_\_

Evaluator \_\_\_\_\_ Date \_\_\_\_\_

#### References and Resources:

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Preparing for COVID-19 in Nursing Homes. June 25, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Centers for Disease Control and Prevention. Clinical Questions about COVID-19: Questions and Answers. August 4, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>

Centers for Medicare and Medicaid Services. QSO-20-14-NH. Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (*REVISED*). March 13, 2020: <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>