



Top Ten Survey Deficiencies

(TIP TOPIC: Visitor and Staff Screening)

EPIC Tip Sheet

*This tip sheet provides information on the impact of **visitor and staff screening** in infection control deficiencies cited by the Arizona Department of Health in annual, complaint and special infection control surveys conducted from January 2018-summer 2020. This guide offers basic information on deficiency examples, potential corrective actions and preventive measures a facility can take to avoid future deficiencies. Additional resources are also provided.*

CMS Deficiency – F880 Infection Control

- §483.80 Infection Control

The regulation F880 requires that nursing facilities establish and maintain “*an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.*”

The requirements for the Infection Prevention and Control Program (IPCP) include:

- A system for prevention, identification, reporting, investigation and control of infections and communicable diseases. The system must be able to do this for all residents, staff (including those providing services via contract), visitors and volunteers in the facility as well and should be based on the Facility Assessment and follow nationally accepted standards.
- The IPCP must include written standards, policies and procedures for elements of the program including surveillance, reporting potential incidents, standard and transmission-based precautions, isolation, prohibition of employees from direct contact with residents or their food under certain circumstances and hand hygiene. Many of these areas are what are frequently cited on survey since facility staff often fail to follow procedures appropriately, indicating a need for additional focus in these areas through competencies and training.
- A system for recording incidents identified under the IPCP and corrective actions taken by the facility. Deficient practices have been identified in this area when facilities have not completed line listings or tracked GI breakouts in facilities.
- The IPCP must also address how staff handle/store/process and transport linens. The Infection Prevention and Control Program must be reviewed and updated annually and as needed.

The Disaster Ready Emergency Preparedness Infection Control (DR EPIC) program provides education and technical assistance for skilled nursing providers throughout the state. Individual providers will need to exercise their independent discretion in how to apply this information and technical assistance to the unique operation of each facility. For that reason, a facility's exercise of its professional judgment and due diligence in utilizing the program for infection control and risk management practices is solely within the facility's control for which it is entirely responsible.

Examples of Deficiencies Cited for Visitor Screening Issues:

Multiple facilities were cited for failing to follow their screening protocols for staff and visitors.

- Temperatures were not taken/logged during screening process.
- Screeners failed to instruct visitors to wash/sanitize their hands prior to entering the facility.
- Screeners failed to ensure that all entrance screening questions were answered and reviewed prior allowing entrance to the facility.
- Facility failed to screen visitors and staff at all entrances of the facility.

Corrective Action/Best Practices to Consider:

- Develop policies for screening staff and visitors. The policy should include education about COVID-19 and mitigating measures in place.
- Designate one central point of entry to the facility to facilitate screening.
- Post signs at the entrances to the facility advising visitors and staff to check-in with the front desk to be screened prior to entry.
- Screen visitors for fever ($T \geq 100.0^{\circ}\text{F}$), [symptoms consistent with COVID-19](#), or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility.
- Have alcohol-based hand sanitizer with 60-95% alcohol at screening area for hand hygiene and ask all visitors to use hand sanitizer during screening process.
- Surveyors should also be screened, educated about COVID-19, prevention measures, and informed of specific facility policies. Surveyors should also be asked to perform hand hygiene prior to entering.
- Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19 and have them perform hand hygiene.
- Educate staff on the facilities screening policy.
- Conduct routine observation of the screening process to ensure screeners are conducting them according to facility policy.

Resources:

Visitor Restrictions from the CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Visitor and personnel restrictions for AL from the CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>

Guidance On Screening Visitors for COVID-19 from ADHS:

<https://azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/community/visitor-screening-protocol.pdf>
[visitor-screening-protocol.pdf \(azdhs.gov\)](https://azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/community/visitor-screening-protocol.pdf)

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