

COVID Sites: DQI - COVID-19 Prevention and Control Review for OPWDD Certified Residences

Agency Name:		Date of Review:	
Program Address/Location:		Start Time AM/PM	End Time AM/PM
Program Type:	OC#:	Full or Partial Facility Review: if partial identify location(s)	
Capacity:	Census:	Surveyor(s)	
Voluntary Operated <input type="checkbox"/>	State Operated <input type="checkbox"/>	BPC Area:	Team Leader:

[illegible][illegible]

Staff on Site		Is staff working more than one shift today?	Scheduled at Other Sites in Past 7 days? Y/N	Infected	Presumed	Recovered	Currently on quarantine? Y/N	Correctly Explains What Quarantine Requires: Y/N	Cleared for Work: Y/N
Total Working									
Total staff working <u>on the premises</u> in each category:									

PART 1- OFF-SITE – Mandatory

Some information and Yes/No responses must be verified/finalized during site visit.

1. WRITTEN PROCEDURES & TRAINING – DQI: May be completed 1x for Agency if appropriate.			
Agency written procedures or training materials submitted to DQI are sufficient to address the procedural area.			
a. 24- Hour Nursing Coverage Procedures sufficiently address:			
1. Assignment of RNs for Coverage	Yes	No	Comment
2. Communication Procedures: e.g. contacting the RN, RN response expectations	Yes	No	Comment
3. Required documentation	Yes	No	Comment
4. Staff Training	Yes	No	Comment
b. COVID-19 Infection Control Procedures Address:			
1. Staff behaviors and expectations	Yes	No	Comment
2. Staff screening	Yes	No	Comment
3. Staff Return to Work	Yes	No	Comment
4. Individual screening	Yes	No	Comment
5. Visitor screening	Yes	No	Comment
6. Guidance regarding individuals' activities	Yes	No	Comment
7. Cleaning Practices and Frequency	Yes	No	Comment
8. PPE tracking and requests	Yes	No	Comment
9. Staff Training	Yes	No	Comment
c. Training material on COVID Signs and Symptoms and staff actions in response to observations is adequate	Yes	No	Comment
d. Training materials on donning, doffing and disposal of Personal Protection Equipment (PPE) are adequate. (gloves, masks, gowns, face shields or goggles, as applicable)	Yes	No	Comment

2. Individual Status and Management - DQI: During Phone conversation, discuss the following:			
a. Discuss Individuals, their COVID-19 status, quarantines/isolations, medical status (e.g. non-symptomatic, ill at home, ill at hospital). Get the current status of individuals. Validate that the information in IRMA is current/accurate. Update Page 1 information if needed.			
1. Based on conversation, information in IRMA is up to date. If IRMA does not reflect current status, instruct facility administration to enter the information in IRMA.	Yes	No	Comment
b. Discuss how the residence in addressing individuals' activities and daily life (e.g. Dining, leisure, medical appts.). Do facility responses seem appropriate given individuals' status and the OPWDD and DOH guidance.			
1. How meals are provided.	Comments		
2. How medical appointments are managed.			

3. Family encounters			
4. Leisure			
3. Staffing – DQI: During Phone conversation, discuss the following regarding staffing:			
a. Is the agency able to maintain staffing levels to meet the needs of individuals on all shifts?	Yes	No	Comment
1. If no, is this Due to COVID-19 affecting staff or staff's ability to work?	Yes	No	Comment
2. How is this being addressed/managed?	Comment		
b. Do staff that work at the house also work at other houses?	Yes	No	Comment
1. Has this occurred in the past seven (7) days?	Yes	No	Comment
c. Are any staff working that are working, under quarantine?	Yes	No	Comment
1. If yes, discuss how they are used and how their status is managed while working. Does the descriptions sound appropriate per OPWDD and DOH guidelines?	Yes	No	NA or Comment
d. Have staff who tested COVID-19 positive been permitted to return to work in less than 14 days from the test result or onset of symptoms. (if yes, ask the following)	Yes	No	Comment
1. How many staff returned to work in less than 14 days?	#		Comment
2. The agency/facility described criteria for early return to work and the necessary safeguards per OPWDD guidance.	Yes	No	Comment

4. Personal Protection Equipment (PPE) Status: During Phone conversation, discuss the following:			
a. Is the home on conservation for PPE for the following items? (interview)			
1. Gowns (I)	Yes	No	Comment
2. Gloves (I)	Yes	No	Comment
3. Eye Protection (I)	Yes	No	Comment
4. Masks	Yes	No	Comment

5. Physical Plant Characteristics - Discuss the following and verify during site visit.			
a. Does the residence have any single bedrooms?	Yes	No	Comment
1. If Yes, How many single bedrooms?	#		Comment
2. If Yes, Is there a single bedroom for each individual?	Yes	No	Comment
b. Does the physical plant have a non-bedroom space, with a door that can be designated/used as isolation spaces if needed?	Yes	No	Comment
1. If Yes, How many such spaces?	#		Comment

c. Does the physical plant allow for separation of one section of the house from the other, and able to meet the sleeping and hygiene needs of individuals in that space?	Yes	No	Comment
d. Are there a sufficient number of bathrooms (including accessible if needed) to allow for one to be designated for use ONLY by individuals impacted by the COVID-19 virus?	Yes	No	Comment
1. How many bathrooms are in the residence?	#		Comment or NA

6. Communications with Advocates on Family Member and Residence COVID Status

You should have information on COVID-19 status for individuals as a starting point and can verify through IRMA information. If necessary, f/u during phone conversation.

a. Are legal guardians/advocates contacted when the Individual is exposed to COVID-19?	Yes	No	Comment or NA
b. Are legal guardians/advocates contacted when the Individual is tested for COVID-19?	Yes	No	Comment or NA
c. Are legal guardians/advocates contacted when a program is placed on isolation or quarantine?	Yes	No	Comment or NA

7. Contact Tracing: During Phone conversation, discuss the following:

a. Is the agency responsible to complete and Contact Tracing for the facility cases?	Yes	No	Describe
1. Request that agency provides documentation.			
b. Has the agency been told that the Local Health Department (LHD) is completing Contact Tracing for facility cases?	Yes	No	Comment
1. Request LHD contact name, if known.			

PART 2 - ON-SITE – Mandatory Observation and Interview

8. Visitor (Surveyor) Health Checks: i.e. is the surveyor appropriately assessed upon arrival to site.			
a. Was the surveyor asked all of the COVID symptom screen questions? (O)	Yes	No	Comment
b. Was the surveyor's temperature taken? (O)	Yes	No	
c. Did staff person who performed the health check wear a facemask? (O)	Yes	No	
d. Did the staff person who performed the health check wear gloves? (O)	Yes	No	N/A
e. Is there a written and observably used and up-to-date log of completed COVID symptom screen questions and temperature checks? (O/I)	Yes	No	Comment

9. Visitor/Program Restrictions:			
a. Has the program posted signs at the entrances advising that no visitors may enter the Program? (O)	Yes	No	Comment
b. If visitors (other than surveyor) arrived during site visit, did program staff require those essential visitors to wear facemasks while in the program? If no visitors, then check NA. (O/I)	Yes	No	N/A

10. Residential Observations – Report what is observed during the <u>first 10-minutes</u> of the site visit:				
a. Which care activity(ies) are you observing (choose all that apply)?	Dining	Med Admin	Oral Care	Other face to face ADL or service (e.g. transfer) – Document

11. General/Routine Infection Control Practices			
a. At any time during the visit, were any staff observed not wearing masks while on duty? (O)	Yes	No	Comment
b. If yes, how many staff were not wearing facemasks? (O) Do not count a staff person twice. Include clinical or management staff on site.	Insert #		
c. Are Gloves being worn? If yes, complete 1-4 below as able.	Yes	No	Comment
1. If yes, were gloves changed after contact with each individual? (O)	Yes	No	Comment
2. If gloves were not changed, are they being re-used as part of a conservation measure due to a lack of access to gloves? (I/O)	Yes	No	Comment
3. If gloves were worn, did the staff person wash hands before donning and after removing gloves? (O)	Yes	No	Comment
4. If gloves were worn, did staff person remove gloves properly to prevent contaminating their hands. (O)	Yes	No	Comment
d. Did staff refrain from touching their faces during your observation?	Yes	No	Comment

1. If No, how many staff did you observe touching their face? (during the 10-minute observation)	Insert #	Comment	
e. Did staff use hand sanitizer appropriately per guidance? (e.g. after touching their face, after removing PPE, after working with individual)	Yes	No	Comment
1. If No, How many times were staff observed not using hand sanitizer when they should have? (O)	Insert #	Comment	

12. Environmental Infection Control Supplies and Organization: (O/I)			
(note exceptions when sanitizer is less visible due to clinical contraindications related to misuse of sanitizer when easily accessible)?			
a. Is hand sanitizer readily available in : (note exceptions when sanitizer is less visible due to clinical contraindications)			
1. the common room/living room?	Yes	No	Comment
2. the kitchen?	Yes	No	Comment
3. near front door to the facility?	Yes	No	Comment
4. at the bedroom of every individual?	Yes	No	Comment
5. readily at every bathroom?	Yes	No	Comment
b. Is soap present at every sink in the facility?	Yes	No	Comment
c. Are there paper towels next to every sink in the facility?	Yes	No	Comment
d. Are trash disposal bins positioned to support the immediate disposal of used PPE? If no, provide comment for reasons. (clinical contraindications, physical plant limitations, etc.) (O/I)	Yes	No	Comment

13. Cleaning Practices			
a. Were staff observed to be cleaning environmental surfaces (doorknobs, counter tops, etc.)? (O)	Yes	No	Comment
a. Are EPA-registered hospital-grade disinfectants available for immediate use in the program? (O/I)	Yes	No	Comment
b. When staff are asked, can staff describe where and how the disinfectants are used for cleaning? (i.e. do they attest that these disinfectants are being used for frequent cleaning of high touch/high use surfaces including electronics, countertops, doorknobs, and shared resident care equipment? (If no then use comment box to describe response). (I)	Yes	No	Comment
c. Can staff identify where these products are located? If no use, comment box. (I)	Yes	No	Comment
d. When asked, does the staff person accurately respond to the question "what is the minimum cleaning requirement"	Yes	No	Comment
1. If answer above is 'yes,' is there a log that confirms this practice? (O)	Yes	No	Comment

14. Identification and Management of <u>Individuals</u> in Facilities with and without Confirmed Cases of COVID-19			
Using open-ended interview questions, talk to staff about the following: <ul style="list-style-type: none"> • How Individuals are screened/ screened for health status/ screened for COVID-19? • How often individuals are screened? Do not offer or cue correct responses to the question. • Determine if the information coincides with information gathered prior to site visit. 			
a. Is it evident that all Individuals screened for the following?			
1. Symptoms (cough, sore throat, runny nose) <u>every shift</u> (I)	Yes	No	comment
2. Temperatures taken <u>every shift</u> (I)	Yes	No	comment
3. Is it evident that all Individuals are screened for COVID-19 once every shift?	Yes	No	comment
4. If not every shift, how often?	frequency		
5. Is there a log which confirms these practices? (O/I)	Yes	No	comment

15. Occupational Health – Identification of Staff Health and Management of Staff Working at the residence. Discuss with staff to validate/verify the information discussed and procedures reviewed prior to onsite visit.			
a. Have any of the Staff working at the site worked at other houses or delivered other services within the past 7 days?	Yes	No	Comment
b. If yes, indicate the number of staff who have worked at other programs in this 7-day period. (I)	# of Staff		
c. Are staff temperatures taken immediately upon arriving to work? (O/I)	Yes	No	Comment
d. Are the temperature readings ever repeated in a shift? (O/I)	Yes	No	NA or Comment
1. If Yes, what prompts repeat temperature checks? (O/I)	Responses:		
2. Is there a log which confirms these practices? (O/I)	Yes	No	Comment
e. When asked “what happens if you or a coworker starts to have symptoms (cough, sore throat, runny nose) at work?”, are they minimally aware of the need to notify a supervisor and expect further instruction regarding their work status? If staff state this hasn’t occurred, ask “what should happen if you or a coworker have symptoms?”	Yes	No	Responses

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Section 3 in

Sites with one or more Individuals or Staff Members with a COVID-19 status

Part 3 - REVIEW ONLY IF THERE IS A POSITIVE/PRESUMED INDIVIDUAL IN SITE

I. Staff Use of Personal Protective Equipment (PPE) (includes Healthcare Personnel)			
a. When one or more individuals on-site have a COVID-19 diagnosis or are presumed positive per the LHD or Health Care Provider: :			
1. Are <u>any</u> of the following: masks, gowns, gloves, face shield/goggles used by staff during care activities (such as dining, bathing, medication pours, or other activities requiring close proximity/contact)? (O) (PPE used for droplet precautions)	Yes	No	Comment: note if based on observation or interview
2. Are <u>any</u> of the following: N95 mask, gowns, gloves, face shield/goggles used by staff during aerosolized treatments? (O) (PPE used for aerosolized precautions)	Yes	No	Comment: include if based on observation or interview
b. Specifically, what PPE is being worn <u>consistently</u> when <u>providing care to/working directly with</u> an individual confirmed or suspected of having COVID-19? (<i>Observation preferred, interview if not possible.</i>)			
1. Masks	Yes	No	Comment
2. N95 Masks			
3. Gowns	Yes	No	Comment
4. Gloves	Yes	No	Comment
5. Eye Protection	Yes	No	Comment
c. Were gloves changed after contact with each individual?	Yes	No	Comment
1. If no, were gloves being re-used as part of a conservation measure due to a lack of access to gloves?	Yes	No	Comment
d. Did the staff person wash hands before donning and after removing gloves? (O)	Yes	No	Comment
e. Did the staff person contaminate their hands when removing gloves? (O)	Yes	No	Comment

i. Management of COVID-19 Confirmed or Presumed Individual and Activities in Residence with COVID-19			
a. When one or more individuals on-site have a COVID-19 diagnosis or are presumed positive per the LHD or Health Care Provider:			
1. Is the Individual wearing a facemask when HCP or other care providers enter their bedroom?	Yes	No	comment
2. If the individual cannot medically tolerate wearing one, is that individual quarantined in their bedroom? (O/I)	Yes	No	N/A or comment
3. If that individual cannot wear a mask and cannot be quarantined in their bedroom, are all other Individuals wearing a facemask?	Yes	No	N/A or comment
b. Have all group activities been suspended? (I)(O)	Yes	No	N/A or comment
c. Has communal dining for those diagnosed or presumed positive been suspended? (based on observation)	Yes	No	N/A or comment
1. Based on interview, over the past 7 days, has ALL communal dining for those diagnosed or presumed positive, been suspended? (based on interview)	Yes	No	N/A or comment

ii. Staff Understanding and Management of COVID-19 Signs/Symptoms or Confirmed Illness			
a. When staff are asked, do they attest that staff with symptoms of COVID-19 or temperature greater than/equal to 100.0 while at work are sent home? (assumes staffing minimums are met) (I)	Yes	No	NA or Comment
1. Enter # of staff that do not affirm that symptomatic staff are sent home and instructed to self-quarantine.	# No	NA or Comment	
b. When staff are asked about procedures that they are expected to follow if they are sent home due to positive diagnosis or symptoms , do they indicate that they are instructed by their supervisors to contact their physician? (I)	Yes	No	NA or Comment
c. Do staff responses indicate that they are instructed to have a test for COVID-19 (when available) after being sent home? (I)	Yes	No	NA or Comment
d. Do staff responses indicate that they are sent home and instructed to self-quarantine? (I)	Yes	No	NA or Comment
1. If so, for how long? (surveyor should list length of time responses, they received, e.g. 12 days, 2 weeks, etc.) (I)	List responses:		
e. If on directed Quarantine Level by LHD or Health care provider, but working, do staff understand what this means (what they can/cannot do?	Yes	No	NA or Comment

16. Do you have any other comments regarding Infection Prevention and Control Challenges or Individual-specific exceptions or requests?