

## ***COVID-19 Focused Infection Control (FIC) Survey Protocol***

### **Prior to Survey**

- Surveyors should have access to this protocol and infection control pathway on every ***COVID-19 Focused Infection Control (FIC) Survey*** in the event infection control concerns are identified while in the facility. This survey protocol should be used in the following ways:
  - ***COVID-19 FIC Survey for Nursing Homes: Surveyors must evaluate the facility's compliance at all critical elements (CE) with the exception of CE#8 and CE#9 per CMS 20054, Infection Prevention, Control & Immunizations pathway. The surveyor must also examine the facility's compliance at §483.73(b)(6) or E0024 (at Appendix Z) if the full Emergency Preparedness survey is not being conducted.***
  - This survey protocol provides surveyors with ***guidance to conduct*** a focused review of the critical elements associated with the transmission of COVID-19. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.
  - ***Ensure LTC surveyors complete the following training course available on Quality, Safety & Education Portal (QSEP) prior to conducting a COVID-19 FIC Survey:***
    - ***COVID-19 Surveyor Training for Long Term Care related to Staff and Resident Testing***
- As surveyors may enter a facility with confirmed or suspected COVID cases, or a facility requiring certain PPE to enter, SSAs should ensure surveyors have needed personal protective equipment (PPE) that could be required onsite. ***Surveyors should not expect a facility to provide PPE and supplies.***
- ***Ensure surveyors are medically cleared and fit tested if using respirators with tight-fitting face-pieces (e.g., a NIOSH-certified disposable N95) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.***
- Refer to latest CDC guidance on use of Personal Protective Equipment at: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Create a survey shell. Under Survey Properties:
  - When conducting a complaint investigation, the SA will code the Type of Survey in ACO as A=complaint and U=COVID-19 (M=Other will automatically be marked). The extent (if needed) should be marked as E=abbreviated survey.
  - When conducting a COVID-19 Focused Survey, the SA will code the Type of Survey as U=COVID-19 (M=Other will automatically be marked). The extent (if needed) should be marked as E=abbreviated survey
  - **There should be no offsite surveys coded in ACO.**
- Conduct offsite planning based on ***the following:***
  - Facility reported information provided to the CDC National Healthcare Safety Network (NHSN) and state or local health department information (if available)
  - Complaint allegations
- Identify surveyors who are remaining offsite to receive information from the surveyors or facility staff while onsite. List key survey activities that will be conducted onsite and offsite.

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- For onsite activities:
  - Prioritize observations to key areas and activities related to infection control;
  - Identify interviews/*observations* that need to be conducted onsite, and make arrangements for *additional telephone interviews offsite if needed*; and
  - Identify the records that need to be reviewed onsite, and those that can be sent for offsite review. Offsite activities that may take place after the team enters the facility unannounced:
    - Medical record reviews, including resident test results;
    - Staff test results;
    - County-level positivity rates found at <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>;
  - Telephonic interviews, such as:
    - Surveillance policies
    - First onset of symptoms
    - Communication to facility leaders and health officials
    - Resident, representatives and families (if feasible, otherwise conduct onsite);
  - *Comprehensive Review of Facility Policy/Procedure* (e.g., Infection Control and Prevention Program, Emergency Preparedness Plan, residents and staff who refuse testing or are unable to be tested); and
  - Review communication(s) to residents, representatives and families (e.g., listserv, newsletter, etc.).
- Surveyors should add the following to their desktop:
  - Surveyor Resources folder which includes the COVID-19 *FIC* Survey subfolder
    - COVID-19 *FIC* Survey Protocol
    - *CMS-20054 Infection Prevention, Control & Immunizations*
    - COVID-19 *FIC* Survey Entrance Conference Worksheet
    - CMS Memorandum (*QSO-20-38*) Related to Nursing Home Testing of Residents and Staff
- Refer to and review latest CDC guidance:
  - Preparing for COVID-19 in Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
  - Responding to Coronavirus (COVID-19) in Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>
  - Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
  - Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

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### **Entrance Conference**

- *If the survey team identifies an active COVID-19 case after entering a facility, the survey team should contact their State Survey Agency (SSA) and verify that the facility has notified the state or local health department.*
- Notify the Facility administrator of the limited nature of the COVID-19 focused survey:
  - Prioritize observations on day one; and
  - Complete remaining observations and interviews on day two.
- Follow the *COVID-19 FIC Survey Entrance Conference Worksheet* to request information.

### **Onsite Survey Activities**

- *In situations where there is only one surveyor conducting the survey (e.g., complaint or EP), to the extent possible, the surveyor should begin the survey activity in an area with COVID-19 negative residents and not return to that area once positive residents have been encountered.*
- Adhere to Standard and Transmission-Based Precautions and refer to the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.
- Refer to *CMS-20054, Infection Prevention, Control and Immunizations pathway*, to guide your investigation and make compliance determinations.
- Identify onsite assignments for activities based on the *CMS-20054, Infection Prevention, Control and Immunizations pathway*. Document your investigation on the electronic version of *CMS-20054* and/or electronic or paper-based surveyor notes worksheets. *Scan and attach these documents to the survey kit for upload to ACO/ARO.*
- While the primary focus is COVID-19, you should investigate any other areas of potential noncompliance where there is a likelihood of immediate jeopardy. Follow the interpretive guidance and CE pathways relevant to the area of concern.
- Be alert to situations that may create a likelihood for serious injury, harm, impairment, or death, use guidance in Appendix Q and complete an IJ Template.
- Determine what information can be reviewed offsite (e.g., electronic medical records, EP plan for staffing and other policies or photocopies). NOTE: Surveyors should limit photocopies to only those records necessary for confirming noncompliance or to support findings of deficient practice.

### **Concluding the Survey**

- Conduct any survey exit discussion with the facility by telephone *or through a virtual meeting if all invited parties agree in order to limit the time the team spends in the facility.*
- Draft the CMS-2567 offsite. If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the

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Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] COVID-19.”