



# Commonwealth Medicine

## EOHHS Congregate Care

### Self-Assessment Tool

Prepared for:

Executive Office of Health and  
Human Services



**EOHHS**

Prepared by:

**Commonwealth Medicine**  
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## Introduction

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EOHHS has partnered with Commonwealth Medicine at the University of Massachusetts Medical School to provide infection control technical assistance, resource development and trainings to congregate care programs. To best support programs, Commonwealth Medicine needs to gather information about your program and infection control practices. We appreciate your program's willingness to complete this self-assessment and thank you in advance for your careful review and consideration as you answer each question. Should you need assistance while completing this assessment please reach out via email to [CongregateCare@umassmed.edu](mailto:CongregateCare@umassmed.edu) and one of our team members would be happy to assist you.

### Purpose of the Self-Assessment:

- This self-assessment will provide each congregate care program site with an opportunity to review their current infection control practices and to identify ways to improve safety protocols to minimize the risk for infection in staff and residents.
- The self-assessment results will further inform areas for improvement or intervention, and training and education needs within the programs.
- Self-assessment results will be used to determine the level of technical assistance and support for your program.
- Programs that identify multiple infection control concerns may receive further support via a telephonic consult or a program visit from Commonwealth Medicine or DPH staff.
- The self assessment tool was modified from the United States Department of Health and Human Services, Centers for Disease Control and Prevention. *Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19*.  
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf>

### Instructions for Completing the Self-Assessment:

- The self-assessment should be completed by a staff member who works in the program site, preferably as either manager or supervisor.
- Please respond to the self-assessment questions as honestly as possible. Responses will be submitted using Yes, No, or Not Applicable (for select questions only), as follows:
  - Yes (Y): Program follows the identified practice.
  - No (N): Program does not follow the identified practice.
  - Not Applicable (NA): Identified practice isn't relevant for the responding program.
- All questions include an option for programs to select "Area of Concern" for the identified practice. This will allow the program to request support or resources in this area, regardless of their Y/N/NA response.
- Completion of the self-assessment is meant to provide resources and additional supports to the programs.
- To support an efficient and comprehensive review, the staff member completing the self-assessment submission should review the tool in advance, walk around the program site to observe the setting, and record notes, prior to accessing the self-assessment tool online.
- If the program has questions about the self-assessment (such as how to respond to a specific question based upon their observation findings), Commonwealth Medicine staff will be available to discuss further and offer guidance. Please e-mail questions to [CongregateCare@umassmed.edu](mailto:CongregateCare@umassmed.edu).
- Programs must data enter the findings into the online self-assessment using the hyperlink and access code provided.
- Completion of the self-assessment should take approximately 1 hour, depending on the size of the program and availability of information being requested.

- Upon submission of the self-assessment online, the program will receive a report of the submission with resource or training recommendations.
- Please complete the self-assessment as soon as possible, and no later than Friday, December 11, 2020.

## Congregate Care Setting Contact Information

### Congregate Care Reporter

Name of the Individual Completing the Self-Assessment:
Title of Person Completing the Self-Assessment:
Contact Information for the Individual Completing the Self-Assessment: Telephone: Email:

## Infection Prevention and Control Practices

Elements to be assessed	Assessment (Y/N/NA)	Area of Concern (Y/N)
1. The program maintains a daily log of people entering the program. The log includes names, dates, and contact information (phone, email, address). This includes staff, resident/participants, visitors (if allowed), vendors and volunteers.	Y/N/NA NA=programs that are co-located within a larger facility and that the log is kept at entrance of site not program.	Y/N
2. The program/agency maintains a log of all symptomatic staff and residents/participants including dates they were symptomatic, date they were tested (if clinically appropriate) and when isolation/quarantine will end.	Y/N	Y/N
3. The program/agency has a process in place to report suspected or positive COVID-19 cases in staff or residents/participants to program leadership, state agency and to the local board of health.	Y/N	Y/N
4. The program/agency conducts surveillance testing for 50% of staff every two weeks and is prepared to test 100% of staff every two weeks if the county positivity rate has been above 5% as reported by DPH.  <i>EOHHS Residential and Congregate Care Programs: 2019 Novel Coronavirus Surveillance Testing Guidance: <a href="https://www.mass.gov/doc/eohhs-congregate-care-surveillance-testing-guidance">https://www.mass.gov/doc/eohhs-congregate-care-surveillance-testing-guidance</a></i>	Y/N	Y/N
5. The program/agency conducts testing of all willing residents/participants and staff after identifying a positive resident or staff member within the program.  DPH Guidance: <a href="https://www.mass.gov/doc/covid-19-testing-guidance/download">https://www.mass.gov/doc/covid-19-testing-guidance/download</a> For programs: with fewer than 20 residents and settings in which all residents share physical space or mutual staff (no separate staffing teams) programs must test all staff and residents who have not previously tested positive and who have not been tested in the past 7 days.  For program settings <b>with 20 residents or more</b> , where residents are separated into distinct "units" which do not share physical space or mutual staff, <b>programs must test all staff and residents in the unit with the identified positive case who have not previously tested positive and who have not been tested in the past 7 days.</b>	Y/N	Y/N
6. The program has a single point of entry to ensure that screening occurs (residents/participants, staff, visitors) prior to entry to program.	Y/N	Y/N

Elements to be assessed	Assessment (Y/N/NA)	Area of Concern (Y/N)
<p>7. Screening for staff, visitors and residents/participants includes the items outlined below. Please select Yes or No for each item.</p> <ul style="list-style-type: none"> <li>○ Directs all staff to self-screen at home, prior to coming to work</li> <li>○ Fever – Temperature 100.0 F or higher with non-contact infrared thermometer</li> <li>○ Self-reported fever free</li> <li>○ Symptoms - fever, shortness of breath or difficulty breathing, chills, fatigue or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting or diarrhea. CDC <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care.html</a></li> <li>○ Recent travel outside Massachusetts to states not identified as <a href="#">lower-risk states</a> by the Commonwealth. For updated list of lower risk states please visit <a href="https://www.mass.gov/info-details/covid-19-travel-order#lower-risk-states">https://www.mass.gov/info-details/covid-19-travel-order#lower-risk-states</a>-Known exposure to suspected or confirmed individual with COVID-19 and recent COVID-19 test. Visitors are not permitted to visit if they have tested positive for COVID-19 in the past 14 days or if they have been ordered by a medical professional or public health official to quarantine due to exposure.</li> <li>○ Other, please indicate _____</li> </ul>	<p>Y/N Y/N Y/N Y/N  Y/N  Y/N</p>	<p>Y/N Y/N Y/N Y/N  Y/N  Y/N</p>
<p>8. All entrants must use hand sanitizer that is at least 60% alcohol prior to entry into the program.</p>	<p>Y/N</p>	<p>Y/N</p>
<p>9. All entrants must wear a face mask or face covering that covers the mouth and the nose while at the program.</p>	<p>Y/N</p>	<p>Y/N</p>
<p>10. Hand sanitizer that is at least 60% alcohol is readily available throughout the program.</p>	<p>Y/N</p>	<p>Y/N</p>
<p>11. All sinks are stocked with liquid soap and paper towels, and there is a system in place to restock on a regular basis.</p>	<p>Y/N</p>	<p>Y/N</p>
<p>12. Visual reminders to frequently wash hands are located throughout the program outlining when to wash hands.</p> <p>When: Before, during and after food preparation; Before eating food; After using the bathroom; After blowing your nose, coughing or sneezing; After touching an animal, animal feed or animal waste; after touching garbage; After you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.; Before touching your eyes, nose, or mouth; Before and after providing care to a member; before moving from work on a soiled body site to a clean body site on same member; After touching a member or member's immediate environment; After contact with blood, body fluids or contaminated surfaces; Immediately after glove removal.</p> <p><a href="https://www.cdc.gov/handhygiene/providers/guideline.html">https://www.cdc.gov/handhygiene/providers/guideline.html</a> <a href="https://www.cdc.gov/handwashing/when-how-handwashing.html">https://www.cdc.gov/handwashing/when-how-handwashing.html</a></p>	<p>Y/N</p>	<p>Y/N</p>
<p>13. Alcohol-based hand sanitizer*with at least 60% alcohol in every resident bedroom (if clinically appropriate).</p> <p>If there are shortages of alcohol-based hand sanitizer, hand hygiene using soap and water is still expected.</p>	<p>Y/N</p>	<p>Y/N</p>
<p>14. The program's common areas are able to support social distancing and consideration of movement patterns in the location.</p> <p>Should the areas be crowded, program may consider arranging/removing furniture to encourage distancing and considering traffic patterns within the program.</p>	<p>Y/N</p>	<p>Y/N</p>

Elements to be assessed	Assessment (Y/N/NA)	Area of Concern (Y/N)
<p>15. Shared medical equipment is cleaned and disinfected after each use including: Blood pressure cuff/machines; Pulse Oximeters; Thermometers; Stethoscopes; Lift belts, Shower chairs, Walkers, Hovers, Glucometers.</p> <p>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: <a href="https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2">https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2</a></p>	Y/N/NA NA: No shared equipment.	Y/N
<p>16. The program has dedicated medical equipment to residents/participants that may be symptomatic (i.e. thermometers, blood pressure cuffs and stethoscopes, lift belts, shower chairs, walkers, hovers, glucometers) and does not share this equipment with other residents.</p>	Y/N	Y/N
<p>17. The program uses EPA Registered Disinfectant Products for Use Against Novel Coronavirus SARS-CoV-2 to frequently clean <u>high-touch surfaces</u> (elevator buttons, entry and exit buttons, door handles, faucets, railings, knobs, counters, handrails and grab bars).</p> <p>See EPA List N: <a href="https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2">https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2</a></p>	Y/N	Y/N
<p>18. The program uses EPA Registered Disinfectant Products for Use Against Novel Coronavirus SARS-CoV-2 to frequently clean <u>all rooms with focus on hard surfaces</u>.</p> <p>Frequently: once a day and after any blood or body fluid exposure; ensures that contact time of cleaning agents are maintained; hard surfaces include: desks, tables, countertops, sinks, cabinets and vehicle interiors.</p> <p>See EPA List N: <a href="https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2">https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2</a></p>	Y/N	Y/N
<p>19. The program labels all cleaning supplies, which includes the instructions to ensure safe and effective use of the product.</p>	Y/N	Y/N
<p>20. a. The program cares for residents/participants who require the use of aerosol generating procedures such as nebulizer treatments or the CPAP.</p>	Y/N	Y/N
<p>b. Staff performing aerosol generating procedures wear necessary PPE and follow CDC guidance for donning and doffing.</p>	Y/N	
<p>c. All Aerosol generating procedures (nebulizer) treatments are performed in a separate room, with the door closed.</p>	Y/N/NA NA=such treatments not performed at program.	Y/N
<p>21. The program has a respiratory protection program where staff are fit tested for N95 respirators.</p>	Y/N/NA NA= program does not have respiratory protection program	Y/N
<p>22. a. The program provides transportation to residents/participants.</p>	Y/N	Y/N
<p>b. The following transportation protocols are in place for resident/participant transport. Please select Yes or No for each item.</p> <ul style="list-style-type: none"> <li>○ Transporting individuals who have suspected or confirmed COVID-19 for testing or non-urgent medical care</li> </ul>	Y/N	Y/N

Elements to be assessed	Assessment (Y/N/NA)	Area of Concern (Y/N)
<ul style="list-style-type: none"> <li>○ Screening drivers and monitors</li> <li>○ Routine cleaning of vehicles prior to transport</li> <li>○ Enhanced cleaning in the event vehicle was used to transport positive program resident/participant</li> <li>○ Social distancing</li> <li>○ Assisting residents/participants with washing or sanitizing hands upon arrival and after exiting the vehicle</li> <li>○ Program vehicles have hand sanitizer readily available that is at least 60% alcohol for staff and residents/participants</li> <li>○ Requires the use of masks (staff and residents/participants) while in the vehicle</li> </ul>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p>
23. The program/agency communicates information about known or suspected residents/participants with COVID-19 to appropriate personnel including transport personnel before transferring them to a health care site such as dialysis centers and acute care facilities.	Y/N	Y/N
Comments/Concerns:		

## Availability of PPE and Other Supplies

Elements to be assessed	Assessment (Y/N/NA)	Area of Concern (Y/N)
<p>1. The program/agency has a 2 week supply of the following PPE. Please select Yes or No for each item.</p> <p>Resource to project PPE and equipment needs: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html</a></p>		
a. Facemasks (surgical or procedural masks)	Y/N	Y/N
b. N-95 respirators (if setting has a respiratory protection program and the staff are fit-tested)	Y/N	Y/N
c. KN-95	Y/N	Y/N
d. Disposable gowns	Y/N	Y/N
e. Laundered gowns		
f. Gloves	Y/N	Y/N
g. Eye protection (face shield or goggles)	Y/N	Y/N
h. Alcohol-based hand sanitizer with at least 60% alcohol	Y/N	Y/N
i. EPA-registered disinfectants	Y/N	Y/N
2. The program is aware of the process to request additional PPE within your organization.	Y/N	Y/N
3. Based on the CDC guidance, the program/agency is aware of measures to optimize current PPE supply during shortages. These include extended use of PPE, reuse of PPE and use of expired PPE. Once PPE supplies are replenished programs should revert to the recommended standards of care.	Y/N	Y/N

Elements to be assessed	Assessment (Y/N/NA)	Area of Concern (Y/N)
<p>Maximize the use of reusable equipment rather than disposable (e.g., cloth gowns may be laundered, washable goggles, or re-useable face shields);</p> <p>Minimize numbers of non-essential staff and visitors entering the program. Members confirmed COVID-19 may be cohorted together in the same room/unit to facilitate the extended use of PPE; Cluster member care activities that require PPE as much as possible, e.g., vitals, feeding, bathing, etc.</p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html</a></p>		
4. The program has an inventory process for PPE and supplies which includes that items are not expired, and staff are instructed to inspect PPE and supplies closely prior to use to be sure they are in good condition (clean, free of tears and visible signs of stress or damage that could affect performance).	Y/N	Y/N
5. The program stores PPE in an area that is protected from contamination, loss, damage, water, sunlight and free from temperature extremes. The PPE storage area houses all PPE and can be accessed by staff.	Y/N	Y/N
6. The program has touch free trash cans and tissues available in <b>common areas</b> for resident/participants and staff use.	Y/N	Y/N
7. The program has touch free (if clinically appropriate) trash cans and tissues available in <b>resident rooms</b> for resident/participant use.	Y/N	Y/N
<p>8. For residents/participants suspected or confirmed COVID-19, staff wear the PPE outlined. Please select Yes or No for each item.</p> <ul style="list-style-type: none"> <li>○ Gloves</li> <li>○ Isolation gown</li> <li>○ N-95 or higher-level respirator</li> <li>○ Eye protection (goggles or face shield)</li> <li>○ Other please indicate _____</li> </ul>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p>
Questions/Concerns:		

## Monitoring of Congregate Care Staff

Elements to be assessed	Assessment (Y/N/NA)	Area of Concern (Y/N)
<p>1. Staff are frequently (weekly) observed, and documentation maintained, to ensure proper hand hygiene and proper selection and use of PPE.</p> <p>Hand hygiene procedures include the use of alcohol-based hand rubs (containing 60%–95% alcohol) or hand washing with soap and water.</p> <p>Proper selection and use of PPE (wear a facemask onsite – including breakrooms or other common areas); When available, facemasks are preferred over cloth face masks; Should consider continuing to wear the same respirator or facemask (extended use) throughout their entire work shift, instead of intermittently switching back to their cloth mask; Remove their respirator or facemask, perform hand hygiene, and put on their cloth mask when leaving the facility at the end of their shift; <u>Working in programs located in areas with moderate to substantial community transmission</u>: Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters; Wear an N95 or equivalent or higher-level respirator, instead of a facemask, for aerosol generating procedures.</p> <p><a href="https://www.cdc.gov/handwashing/when-how-handwashing.html">https://www.cdc.gov/handwashing/when-how-handwashing.html</a>  <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html</a></p>	Y/N	Y/N
<p>2. Staff are frequently (weekly) observed, and documentation maintained, to ensure proper cleaning and disinfecting of environmental surfaces.</p>	Y/N	Y/N
<p>3. Staff are required to wear face masks while present on program premises.</p>	Y/N	Y/N
<p>4. Staff observed using improper PPE receive immediate coaching and are required to do a return-demonstration of proper PPE to demonstrate comprehension.</p>	Y/N	Y/N
<p>5. Staff are reminded to maintain social distancing when on break and in common areas.</p>	Y/N	Y/N
<p>6. Staff breaks are staggered.</p>	Y/N	Y/N
<p>7. Staff who develop symptoms consistent with COVID-19 are directed to immediately contact their established point of contact to arrange for medical evaluation and testing.</p>	Y/N	Y/N
<p>8. Staff are instructed that if they suspect they are COVID-19 positive they should notify their supervisor at any program where they may work.</p>	Y/N	Y/N
<p>9. Do staff use public transit?</p>	Y/N	Y/N
<p>10. For your program, please select the response that best describes your staff use of public transportation. Please choose one.</p> <ul style="list-style-type: none"> <li>a. Most staff use public transportation</li> <li>b. Many staff use public transportation</li> <li>c. Several staff use public transportation</li> <li>d. Few staff use public transportation</li> </ul>	Multiple choice	Y/N
Questions/Concerns:		

## Monitoring and Cohorting of Residents/Participants

Elements to be assessed	Assessment (Y/N/NA)	Area of Concern (Y/N)
1 a. Residents/participants are monitored multiple times each day for symptoms of COVID-19.	Y/N	Y/N
b. The monitoring of COVID-19 symptoms includes the below activities. Please select Yes or No for each item. <ul style="list-style-type: none"> <li>○ Evaluating symptoms</li> <li>○ Vital signs</li> <li>○ Oxygen saturation via pulse oximetry</li> <li>○ Other please indicate: _____</li> </ul>	Y/N Y/N Y/N Y/N	Y/N Y/N Y/N Y/N
c. If pulse oximeter is used the program conducts multiple readings per day for each resident/participant.	Y/N/NA NA: program does not use pulse oximeter	Y/N
d. If pulse oximeter is used the device is cleaned and disinfected after each use according to manufacturer's instructions for use.	Y/N/NA NA: program does not use pulse oximeter	Y/N
2. a. The program has a separate bathroom for COVID-19 residents/participants or residents/participants with COVID-19 symptoms.	Y/N	Y/N
b. For those programs that do not have the capacity to have a separate bathroom for individuals with COVID-19 symptoms, the program has procedures in place to ensure thorough cleaning and disinfection between residents/participant use of bathrooms.	Y/N/NA NA = The program has capacity for separate bathroom.	Y/N
3. Staff remind residents/participants at least once per shift to self-assess and to report any new symptoms.	Y/N/NA NA=resident/participant unable to self-asses	Y/N
4. Residents/Participants with COVID-19 symptoms are encouraged to self-isolate and limit their use of shared spaces.	Y/N	Y/N
5. The program/agency can isolate or quarantine residents who were exposed to COVID-19, have COVID symptoms, or tested positive for COVID-19 in a separate space.	Y/N	Y/N
6. The program/agency has a written policy and is following the CDC recommended guidance and/or state agency guidance regarding when to stop isolation.  For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html</a>	Y/N	Y/N
7. The program/agency minimizes the number of staff providing care or who have face to face interactions with residents/participants who are suspected or confirmed COVID-19 (if appropriate).	Y/N	Y/N

Elements to be assessed	Assessment (Y/N/NA)	Area of Concern (Y/N)
<p>8. The program has a staff scheduling process that ensures staff providing direct services to residents/participants are, please select Yes or No for each item.</p> <p>a. Assigned to work <i>either</i> with symptomatic or non-symptomatic residents/participants on a single day, <i>and not both</i></p> <p>b. Assigned to the same residents/participants/groups to minimize number of staff/resident/participant contacts</p>	<p>Y/N</p> <p>Y/N</p>	<p>Y/N</p> <p>Y/N</p>
<p>9. The program/agency has a plan for managing new admissions and returning residents/participants (i.e., hospitalizations, visits with family/friends, work or day program) when COVID-19 status is unknown.</p>	<p>Y/N</p>	<p>Y/N</p>
<p>10. The program/agency provides training and coaching to residents/participants that are going out in the community independently i.e., working, community events, social events. Specific areas addressed include the areas outlined below. Please select Yes or No for each item.</p> <ul style="list-style-type: none"> <li>○ Masks must be worn by residents at all times.</li> <li>○ Practice social distancing.</li> <li>○ Hand Hygiene (hand washing or use of hand sanitizer)</li> <li>○ Physical contact should be brief to reduce risk of transmission.</li> <li>○ Should eating/drinking occur, residents/participants should not share food off the same plate or drink by mouth from the same container. Each person should use their own eating utensils and not share plates, cups, or utensils.</li> </ul>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p>
<p>11. a. Are residents/participants ADL supplies kept in individual containers and not comingled with other residents'/participants supplies?</p>	<p>Y/N</p>	<p>Y/N</p>
<p>b. For each resident/participant, specific personal hygiene products are kept in separate containers and they include the items outlined below. Please select Yes or No for each item.</p> <ul style="list-style-type: none"> <li>○ Toothbrushes</li> <li>○ Body sponges</li> <li>○ Soap</li> <li>○ Razors</li> <li>○ Other, please indicate _____</li> </ul>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p>	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p> <p>Y/N</p>
<p>12. a. Do residents/participants use public transit?</p>	<p>Y/N</p>	<p>Y/N</p>

Elements to be assessed	Assessment (Y/N/NA)	Area of Concern (Y/N)
b. Residents/participants are provided training that when taking public transportation, you must do the following activities to protect yourself. Please select Yes or No for each item. <ul style="list-style-type: none"> <li>○ Wear a facemask</li> <li>○ Avoid touching surfaces</li> <li>○ Practice social distancing</li> <li>○ Wash your hands as soon as get to your destination</li> <li>○ Other, please indicate _____</li> </ul>	Y/N Y/N Y/N Y/N	Y/N Y/N Y/N Y/N
Questions/Concerns:		

## Visitation Protocols

Elements to be assessed	Assessment (Y/N/NA)	Area of Concern (Y/N)
1. The program currently allows in person visitation.	Y/N	Y/N
2. The program does not allow in person visits if a resident/participant or staff member at the program has tested positive for COVID-19 in the past 14 days.  EOHS Visitation Guidance: <a href="https://www.mass.gov/info-details/executive-office-of-health-and-human-services-visitation-guidance-during-covid-19">https://www.mass.gov/info-details/executive-office-of-health-and-human-services-visitation-guidance-during-covid-19</a>	Y/N	Y/N
3. The program's indoor and outdoor visitation space promotes social distancing.	Y/N	Y/N
4. All visitors are reminded to keep masks on, covering the mouth and the nose, while visitation occurs.	Y/N	Y/N
5. Visitors are instructed to remain in the area where staff have authorized the visit to take place and not wander through the program.	Y/N	Y/N
6. The program provides alternative methods for visitation, such as video conferencing, for residents/participants.	Y/N	Y/N
7. Residents/participants that attend family visits off-site, are reminded to take the following precautions outlined below. Please select Yes or No for each item. <ul style="list-style-type: none"> <li>○ CDC-approved* Facemasks must be worn by residents/participants and family/friends at all times.</li> <li>○ Practice social distancing.</li> <li>○ Physical contact during the visit should be brief to reduce risk of transmission.</li> <li>○ Should eating/drinking occur, residents/participants should not share food off the same plate or drink by mouth from the same container. Each person should use their own eating utensils and not share plates, cups, or utensils.</li> </ul>	Y/N  Y/N Y/N Y/N	Y/N  Y/N Y/N

<ul style="list-style-type: none"> <li>○ If more than 10 people will be at the gathering, upon re-entry the individual is encouraged to self-isolate and limit their use of shared spaces.</li> <li>○ Families complete an attestation as required.– For DDS providers <a href="https://www.mass.gov/info-details/executive-office-of-health-and-human-services-visitation-guidance-during-covid-19#department-of-developmental-services-">https://www.mass.gov/info-details/executive-office-of-health-and-human-services-visitation-guidance-during-covid-19#department-of-developmental-services-</a></li> <li>○ Once the resident returns to the home, he or she is proactively monitored for any symptoms of COVID-19 each day for fourteen days.</li> </ul> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html">https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html</a>  <a href="https://www.mass.gov/info-details/executive-office-of-health-and-human-services-visitation-guidance-during-covid-19#department-of-developmental-services-">https://www.mass.gov/info-details/executive-office-of-health-and-human-services-visitation-guidance-during-covid-19#department-of-developmental-services-</a></p>	<p>Y/N</p> <p>Y/N/NA</p> <p>Y/N</p>	<p>Y/N</p> <p>Y/N/NA</p> <p>Y/N</p>
<p>Questions/Concerns:</p>		

## Communication

Elements to be assessed	Assessment (Y/N/NA)	Area of Concern (Y/N)
1. The program/agency has shared information related to COVID-19 and changes related to policies and procedures in an accessible and easy-to understand format, in an appropriate language and at a literacy level for all staff and residents/participants.	Y/N	Y/N
2. The program/agency has a process to notify the local board of health about COVID-19 activity occurring within the program.	Y/N	Y/N
3. The program/agency will notify the local board of health for the below listed concerns. Please select Yes or No for each item. <ul style="list-style-type: none"> <li>○ COVID-19 is suspected or confirmed in a resident/participant or staff.</li> <li>○ A resident/participant or staff has severe respiratory infection resulting in hospitalization or death.</li> </ul>	<p>Y/N</p> <p>Y/N</p>	<p>Y/N</p> <p>Y/N</p>
4. The program/agency provides staff with education related to sick leave policies and the importance of not reporting to work or remaining at work when ill.	Y/N	Y/N
5. The program/agency has a process to notify residents/participants, families, and staff members about COVID-19 cases occurring in the program.	Y/N	Y/N

## Education and Training

Elements to be assessed	Assessment (Y/N/NA)	Area of Concern (Y/N)
1. The program/agency provides education for COVID-19 (symptoms/transmission) to <b>residents/participants</b> .	Y/N	Y/N
2. The program/agency provides education for COVID-19 (symptoms/transmission) to <b>staff</b> .	Y/N	Y/N
3. The program/agency provides education to <b>residents/participants</b> on ways to protect themselves from COVID-19.	Y/N	Y/N
4. The program provides an individual education/coaching approach to assist residents/participants to protect themselves from COVID-19, that includes the following items. Please select Yes or No for each item. <ul style="list-style-type: none"> <li>o Social distancing</li> <li>o Wearing CDC-approved* facemasks as tolerated</li> <li>o Visual and verbal reminders for performing cough etiquette</li> <li>o Hand washing or use of alcohol-based hand sanitizer containing at least 60% alcohol</li> <li>o Other, please indicate _____</li> </ul> <a href="https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html">https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html</a>	Y/N Y/N Y/N Y/N	Y/N Y/N Y/N Y/N
5. The program/agency has provided competency-based training and validation to all staff which includes the below listed topics. Please select Yes or No for each item. <ul style="list-style-type: none"> <li>o Hand hygiene (use of alcohol-based hand sanitizer containing at least 60% alcohol is preferred or soap and water).</li> <li>o Proper and safe use of PPE (such as masks, gowns, and gloves, as well as any updated recommendations based on PPE availability).</li> <li>o Cleaning and disinfecting environmental surfaces and frequently touched objects (counters, faucets, handles, doorknobs, phones, computers, etc.).</li> <li>o Cleaning and disinfecting individual care equipment (blood pressure cuffs, stethoscopes, pulse oximeter, etc.).</li> <li>o Safe and effective use of disinfectants in cleaning up infectious materials and body fluid spills.</li> <li>o Other, please indicate _____</li> </ul> <small>Competency-based training and validation includes: 1. Education on how to perform the topic/tasks. 2. Trainer demonstrates the activity 3. The employee demonstrates the activity to the trainer. 4. Trainer validates the employee's competency and documents the results on an audit log. 5. Supervisor observation, competency validation and documentation is ongoing throughout the year. 6. Retraining is conducted at least annually which includes demonstration by both trainer and employee.</small>	Y/N Y/N Y/N Y/N Y/N Y/N	Y/N Y/N Y/N Y/N Y/N
Comments/Questions:		

## Additional Comments or Areas of Concern

Please share any comments or areas of concerns that may not have been addressed:

## Congregate Care Setting (CCS) Demographics

### Program Details

State Agency:	INSERT DROPDOWN or CHECKBOXES (only one selection) DCF, DCF/DMH-Caring Together, DDS, DDS/MCB, DDS/MRC, DMH, DPH, DYS, OTHER please insert
Program Type:	INSERT DROPDOWN – State Operated; Provider Operated
If provider operated, Provider Agency Name:	
Co-Located with another program:	Drop down State or Vendor
Program Name:	
Has DPH or Another Similar Entity Assessed this site for infection control since 5/1/2020:	Yes/No
If yes, date of visit:	
Program Address:	
If Program address cannot be disclosed, please indicate “Not to be Disclosed”:	

### Congregate Care Capacity

a. Number of beds:	
b. Number of private rooms:	
c. Number of bathrooms:	
d. Number of bathrooms that are dedicated to being shared:	
e. Number of <b>current</b> residents:	
f. Total <b>current</b> number of COVID-19 positive residents in isolation at the program:	
g. Total <b>current</b> number of COVID-19 positive residents in isolation at a special COVID-19 isolation program:	
h. Total <b>current</b> number of COVID-19 positive residents who are hospitalized or in short-term rehab:	
i. <b>Current</b> number of residents exposed to COVID-19/ suspected to have COVID-19/new intakes where COVID-19 status is unknown who are in quarantine at the program:	

j. <b>Current</b> number of residents exposed to COVID-19/ suspected to have COVID-19 who are in quarantine at special quarantine program:	
k. <b>Current</b> number of residents exposed to COVID-19/ suspected to have COVID-19 who are in quarantine at family residence:	
l. Number of resident deaths related to COVID-19 since September 1, 2020:	
m. Number of recovered COVID-19 positive residents since September 1, 2020:	

## Staffing

*“Staff” includes all persons, paid or unpaid, working or volunteering, including per-diem staff at the respondent’s program. This section is total number of individuals not FTE.*

a. Total number of direct care staff assigned to program in a week:	
b. Total number of clinical staff assigned to program in a week:	
c. Total number of nursing staff assigned to program in a week:	
d. Total number of non-direct care staff that have day to day contact with residents/participants (Administrative staff, program directors, culinary/kitchen staff, maintenance staff, education staff, quality improvement) in a week:	
e. Out of a-d above, what is the total number of staff that are known to float across program locations (include staff that float within and outside of organization) within the last week:	
f. <b>Current</b> number of COVID-19 positive staff:	
g. Number of staff deaths related to COVID-19 since September 1, 2020:	

## Reference

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United States Department of Health and Human Services, Centers for Disease Control and Prevention (2020). *Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf>.

## Resources

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### ***Residential and Congregate Care Programs: 2019 Novel Coronavirus (COVID-19) Surveillance Testing Guidance Updated 10/9/2020 –***

- <https://www.mass.gov/doc/eohhs-congregate-care-surveillance-testing-guidance>

### ***DPH Guidance: Testing of Persons with Suspect COVID-19 Issued 8/7/2020***

- <https://www.mass.gov/doc/covid-19-testing-guidance/download>

### ***Massachusetts COVID-19 Updates and Information***

- <https://www.mass.gov/info-details/covid-19-updates-and-information>

### ***Department of Developmental Services (DDS)***

- <https://www.mass.gov/orgs/department-of-developmental-services>
- <https://www.mass.gov/dds-covid-19-resources-and-support>

### ***Centers for Disease Control and Prevention (CDC) Resources***

- CDC Updates: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- CDC Infection Control Guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- CDC Guidance for Group Homes for Individuals with Disabilities: <https://www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html>
- Guidance for Direct Service Providers: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html>
- Symptoms of Coronavirus: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
- CDC: Strategies to Mitigate Healthcare Personnel Staffing Shortages: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>
- Disinfection for Community Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- Protect Yourself When Using Transportation: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/using->

[transportation.html](#)

- Cleaning and Disinfection for Non-emergency Transport Vehicles:  
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

## **Hand Hygiene**

- CDC Training Courses on Hand Hygiene for Healthcare Providers **(Webpage)**:  
<http://www.cdc.gov/handhygiene/providers/training/index.html>
- Hand Hygiene in Healthcare Settings - Hand Hygiene – CDC **(Webpage)**  
<http://www.cdc.gov/handhygiene/>
- Joint Commission - Measuring Hand Hygiene Adherence Overcoming the Challenges **(PDF)** [http://www.jointcommission.org/assets/1/18/hh\\_monograph.pdf](http://www.jointcommission.org/assets/1/18/hh_monograph.pdf)
- MMWR - Guidelines for Hand Hygiene in Health-Care Settings **(PDF)**  
<https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>
- Clean Hands Count for Safe Healthcare:  
<https://www.cdc.gov/patientsafety/features/clean-hands-count.html>

## **Personal Protective Equipment (PPE)**

- 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings **(Webpage)**  
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>
- CDC Tools for Protecting Healthcare Personnel –HAI **(Webpage)**  
<http://www.cdc.gov/HAI/prevent/ppe.html>
- Management of Multidrug-resistant organisms in health care settings, 2006 **(PDF)**  
<http://www.cdc.gov/hicpac/pdf/guidelines/MDROGuideline2006.pdf>
- CDC’s Infection Control in Healthcare Personnel  
<https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html>
- Contact Isolation Skills Competency Checklist Competency assessment checklist for donning and doffing gowns and gloves for contact isolation precautions, from the American Association of Nurse Assessment Coordination **(PDF)** [http://www.aanac.org/docs/2015-ltc-leader/n-coley\\_capstonefinal.pdf?sfvrsn=2](http://www.aanac.org/docs/2015-ltc-leader/n-coley_capstonefinal.pdf?sfvrsn=2)
- CDC Sequence for Donning and Removing Personal Protective Equipment **(PDF – 3 pages)**  
<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
- Personal Protective Equipment Competency Validation. Donning and Doffing PPE for Standard and Transmission Based Precautions, from North Carolina Statewide Program for Infection Control and Epidemiology (SPICE): **(PDF)**  
<https://spice.unc.edu/wp-content/uploads/2017/03/PPE-Competency-SPICE.pdf>
- OSHA’s Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards **(Webpage)**

<https://www.osha.gov/Publications/osha3186.html>

## ***Respiratory Hygiene/Cough Etiquette***

- Respiratory Hygiene-Cough Etiquette in Healthcare Settings - Health Professionals - Seasonal Influenza (Flu) **(Webpage)**  
<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
- CDC Cover Your Cough signage **(webpage)**  
[https://www.cdc.gov/flu/pdf/protect/cdc\\_cough.pdf](https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf)
- FDA - Personal Protective Equipment for Infection Control Masks and N95 Respirators **(Webpage)**  
<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/PersonalProtectiveEquipment/ucm055977.htm>
- 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings **(PDF)**:  
<http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>

## ***Environmental Cleaning***

- EPA List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)  
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>
- MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH cleaning-disinfection **(Webpage)**  
<http://www.mass.gov/eohhs/docs/dph/cdc/infection-control/cleaning-disinfection.pdf>
- Selected EPA-registered Disinfectants Pesticide Registration US EPA **(Webpage)**  
<https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>
- LIST K: EPA's Registered Antimicrobial Products Effective against Clostridium difficile Spores **(Webpage)**  
<https://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium>