



### Illinois Long-Term Care Facility Assessment for COVID-19

This infection prevention and control assessment tool is being used to assist long-term care and other congregate facilities with preparing to care for residents with COVID-19. The information you provide will help the Illinois Department of Public Health (IDPH) plan for resource and technical assistance needs at your and other facilities. **Please complete this assessment by March 27, 2020 or as soon as possible. It is available online at: <https://redcap.dph.illinois.gov/surveys/?s=L3HPFNXEJD>.** If you are not able to access the survey online, please fill out this form and return to IDPH's Division of Patient Safety and Quality at 312-338-0390 (fax) or [dph.dpsq@illinois.gov](mailto:dph.dpsq@illinois.gov).

The assessment reviews the following domains:

- Visitor restrictions
- Education, monitoring, and screening of Healthcare Personnel (HCP)
- Education, monitoring, and screening of Residents
- Availability of Personal Protective Equipment (PPE) and other supplies
- Infection Prevention Practices:
  - Hand hygiene
  - Use of PPE
  - Cleaning and disinfection of environmental surfaces and resident care equipment

Questions about this assessment can be directed to IDPH's Division of Patient Safety and Quality, [dph.dpsq@illinois.gov](mailto:dph.dpsq@illinois.gov).

Questions about COVID-19 preparations and response can be directed to your local health department.

IDPH COVID-19 Guidance for Long Term Care Facilities is available at: <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/long-term-care-guidance>

Facility Demographics
Facility Name:
Street Address:
City:
Zip Code:
Facility Type: <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Assisted Living <input type="checkbox"/> Intermediate Care/Developmental Disability <input type="checkbox"/> Supportive Living <input type="checkbox"/> Independent Living <input type="checkbox"/> Residential Group Home



<input type="checkbox"/> Other _____
Facility Infection prevention contact name: Infection prevention contact phone number (direct line, if possible): Infection prevention contact E-mail address:
Secondary contact name: Secondary contact phone number (direct line, if possible): Secondary contact E-mail address:
Local health department name:
Does at least one staff member receive SIREN (State of Illinois Rapid Electronic Notification) alerts?*
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
*SIREN is a secure web-based persistent messaging and alerting system that leverages email, phone, text, pagers and other messaging formats to provide 24/7/365 notification, alerting, and flow of critical information. IDPH is using SIREN to notify health care facilities and other partners of important COVID-19 updates. Register at <a href="https://siren.illinois.gov/">https://siren.illinois.gov/</a> .
Does at least one staff member have XDRO (Extensively Drug-Resistant Organism) registry access?*
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
*IDPH's XDRO registry is an inter-facility communication tool for multidrug-resistant organisms and emerging pathogens of public health significance. Registration instructions are here: <a href="https://www.xdro.org/login.html">https://www.xdro.org/login.html</a>
Which of the following situations apply to your facility?
<input type="checkbox"/> No cases of COVID-19 currently reported in your community <input type="checkbox"/> Cases reported in your community <input type="checkbox"/> Sustained transmission reported in your community <input type="checkbox"/> Cases identified in your facility (either among HCP or residents)
<b>For public health only:</b>  Date of follow-up:  Person conducting follow-up:



Follow-up notes:

How many days' supply does your facility have of the following personal protective equipment (PPE) and alcohol-based hand rub (ABHR)?	
Facemasks	
Isolation Gowns	
Eye Protection	
Gloves	
Alcohol-Based Hand Rub	

Visitor restrictions	
Facility has sent a communication (e.g., letter, email) to families advising them to postpone visitation or use alternative methods for visitation (e.g., video conferencing) until further notice.	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started
Facility restricts ALL visitors.  Exceptions might be considered in limited circumstances (e.g., end of life situations). In those circumstances, visits are scheduled in advance, the visitor wears a facemask and restricts their visit to the resident's room or other location designated by the facility.	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started
Facility has posted signs at entrances to the facility discouraging visitation and advising visitors to check-in with a screener before entering the building.	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started
<b>For special exceptions in which visitors are allowed, Facility asks all visitors about the following and restricts anyone with:</b> <ul style="list-style-type: none"> <li>Fever or symptoms of respiratory infection</li> <li>Contact with an individual with COVID-19</li> <li>International travel within the last 14 days to affected countries (<a href="https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html">https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html</a>)</li> </ul>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started
When permitted inside my facility, visitors are instructed to <ul style="list-style-type: none"> <li>schedule visits in advance during a limited number of hours;</li> </ul>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started



<ul style="list-style-type: none"> <li>• wear a facemask while in the building;</li> <li>• frequently perform hand hygiene;</li> <li>• limit their interactions with others in the facility;</li> <li>• restrict their visit to the resident’s room or other location designated by the facility.</li> </ul>	
Facility has provided alternative methods for visitation (e.g., video conferencing).	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started
Notes (e.g., Areas for Improvement, Challenges, Successes)	

<b>Education, monitoring, and screening of healthcare personnel (HCP)</b>	
Facility has provided education and refresher training to HCP (including consultant personnel) about the following: <ul style="list-style-type: none"> <li>• COVID-19 (e.g., symptoms, how it is transmitted)</li> <li>• Sick leave policies and importance of not reporting or remaining at work when ill</li> <li>• Adherence to recommended IPC practices, including:               <ul style="list-style-type: none"> <li>○ Hand hygiene,</li> <li>○ Selection and use including donning and doffing PPE,</li> <li>○ Cleaning and disinfecting environmental surfaces and resident care equipment</li> </ul> </li> <li>• Any changes to usual policies/procedures in response to PPE or staffing shortages</li> </ul>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started
Facility keeps a list of symptomatic HCP.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Facility screens all HCP (including consultant personnel) at the beginning of their shift for fever and respiratory symptoms (actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat).	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started
<b>Additional action when COVID-19 is identified in the facility or there is sustained transmission in the community (some facilities may choose to implement these earlier)</b> <ul style="list-style-type: none"> <li>• Facility screens all HCP (including consultant personnel) at the beginning of AND MIDWAY through their shift for fever and respiratory symptoms.</li> </ul>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> Not applicable
If HCP are ill, my facility has them put on a facemask and return home.	<input type="checkbox"/> Yes <input type="checkbox"/> No



<p>Facility has established a plan based on CDC criteria for when HCP with confirmed or suspected COVID-19 can return to work.</p> <p>*Suspected means the person has developed symptoms of respiratory infection (e.g., cough, sore throat, shortness of breath, or fever) but did not get tested for COVID-19. <a href="https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html">https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html</a></p>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started
<p>Facility restricts non-essential personnel including volunteers and non-essential consultant personnel (e.g., barbers) from entering the building.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Notes (e.g., Areas for Improvement, Challenges, Successes)</p>	
<p><b>Education, monitoring, and screening of residents</b></p>	
<p>Facility has provided education to residents about the following:</p> <ul style="list-style-type: none"> <li>• COVID-19 (e.g., symptoms, how it is transmitted)</li> <li>• Importance of immediately informing HCP if they feel feverish or ill</li> <li>• Actions they can take to protect themselves (e.g., hand hygiene, covering their cough, maintaining social distancing)</li> <li>• Actions the facility is taking to keep them safe (e.g., visitor restrictions, changes in PPE, canceling group activities and communal dining)</li> </ul>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started
<p>Facility actively monitors all residents (at least daily) for fever and respiratory symptoms (shortness of breath, new or change in cough, sore throat and pulse oximetry).</p> <p>*Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include: new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is circulating in the community.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Residents with suspected respiratory infections are immediately placed in Contact/Droplet Precautions with eye protection at a minimum.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Facility keeps a list of symptomatic residents.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Facility has cancelled group field trips and group activities inside the facility.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Facility has cancelled communal dining.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Facility has established criteria for closing units or the entire facility to new admissions.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No



<p><b>Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community (some facilities may choose to implement these earlier)</b></p> <ul style="list-style-type: none"> <li>• Implement protocols for cohorting ill residents with dedicated HCP</li> <li>• Encourage residents to remain in their room.</li> <li>• If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes. If they leave their room, they should wear a facemask, perform hand hygiene, limit movement in the facility and perform social distancing.</li> </ul>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p><b>If residents have been screened and their testing is POSITIVE for COVID-19 OR if residents have signs/symptoms of a respiratory viral infection, Facility:</b></p> <ul style="list-style-type: none"> <li>• Takes full vitals AND pulse oximetry every 4 hours</li> <li>• Places resident in private room or cohorts with another symptomatic/positive resident</li> <li>• Maintains standard, contact and droplet precautions (including eye protection)</li> <li>• Gives positive or symptomatic residents a surgical mask and encourages its use at all times. These patients should be wearing a surgical mask when close contact with others is anticipated.</li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p>
<p>Notes (e.g., Areas for Improvement, Challenges, Successes)</p>	

<b>Availability of PPE and Other Supplies</b>	
<p>Facility has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand rub, EPA-registered disinfectants, tissues).</p>	<p><input type="checkbox"/> Completed</p> <p><input type="checkbox"/> In Progress</p> <p><input type="checkbox"/> Not Started</p>
<p>Facility has inventory control of PPE and other critical materials.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>If PPE shortages are identified or anticipated, facility has engaged their local health department for assistance.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p>
<p>Hand hygiene supplies are available in all resident care areas.</p> <ul style="list-style-type: none"> <li>• Alcohol-based hand rub* with 60-95% alcohol are available in every resident room and other resident care and common areas.</li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>



<ul style="list-style-type: none"> <li>Sinks are stocked with soap and paper towels</li> </ul> <p>*If there are shortages of ABHR, hand hygiene using soap and water is still expected.</p>	
<p>PPE is available in resident care areas (e.g., outside resident rooms).  PPE includes: gloves, gowns, facemasks, N-95 or higher-level respirators (if facility has a respiratory protection program and HCP are fit-tested) and eye protection (face shield or goggles).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of disinfectant wipes used at point of care by all HCP	
Name of environmental services cleaner/disinfectant	
Tissues are available in common areas and resident rooms for respiratory hygiene and cough etiquette and source control	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes (e.g., Areas for Improvement, Challenges, Successes)	

<b>Infection Prevention and Control Practices</b>	
<p>HCP perform hand hygiene in the following situations:</p> <ul style="list-style-type: none"> <li>Before resident contact, even if PPE is worn</li> <li>After contact with the resident</li> <li>After contact with blood, body fluids or contaminated surfaces or equipment</li> <li>Before performing sterile procedure</li> <li>After removing PPE</li> </ul>	<input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely
Facility has a hand hygiene monitoring program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If facility has a hand hygiene monitoring program,</p> <ul style="list-style-type: none"> <li>how many observations are conducted per month?</li> <li>Who is responsible for monitoring hand hygiene compliance?</li> </ul>	<hr/>



<p>HCP wear the following PPE when caring for residents with undiagnosed respiratory illness unless the suspected diagnosis required Airborne Precautions (e.g., tuberculosis):</p> <ul style="list-style-type: none"> <li>• Gloves</li> <li>• Isolation gown</li> <li>• Facemask</li> <li>• Eye protection (e.g., goggles or face shield)</li> </ul> <p>If COVID-19 is suspected, an N-95 or higher-level respirator is preferred, if available and the facility has a respiratory protection program with fit-tested HCP; facemasks are an acceptable alternative.</p>	<input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely
<p>PPE are removed in a manner to prevent self-contamination, hand hygiene is performed, and new PPE are put on after each resident except as noted below.</p>	<input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely
<p>In times of PPE shortages, the following would be permitted:</p> <ul style="list-style-type: none"> <li>• Gowns only used during aerosol-generating procedures; care activities where splashes and sprays are anticipated; during high-contact resident care activities. The same gown may not be used for more than one resident.</li> <li>• Extended use of respirators, facemasks, and eye protection. The same respirator, facemask, and eye protection may be used during the care of more than one resident. The respirator or facemask must be discarded when:             <ul style="list-style-type: none"> <li>○ Damp, damaged or hard to breathe through</li> <li>○ If used during an aerosol-generating procedure</li> <li>○ If contaminated with blood or other body fluids</li> </ul> </li> </ul> <p>The eye protection must be replaced (can be reused after cleaning and disinfection) when:</p> <ul style="list-style-type: none"> <li>○ Damaged or hard to see through</li> <li>○ If used during an aerosol-generating procedure</li> <li>○ If contaminated with blood or other body fluids</li> </ul>	
<p><b>Additional actions when COVID-19 is identified in the community (some facilities may choose to implement these earlier)</b></p> <ul style="list-style-type: none"> <li>○ Consider implementing universal use of facemasks for HCP while in the facility</li> </ul>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started
<p><b>Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community (some facilities may choose to implement these earlier)</b></p> <ul style="list-style-type: none"> <li>• Implement universal use of facemasks by HCP if not already done</li> <li>• Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator (or facemask if not available)) for the care of all residents, regardless of presence of symptoms.</li> </ul>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> Not applicable
<p>Non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No





EPA-registered disinfectants are prepared and used in accordance with label instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes (e.g., Areas for Improvement, Challenges, Successes)	

<b>Communication</b>	
Facility communicates information about known or suspected COVID-19 patients to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Facility notifies the health department about any of the following: <ul style="list-style-type: none"> <li>• COVID-19 is suspected or confirmed in a resident or healthcare provider</li> <li>• A resident has severe respiratory infection</li> <li>• A cluster (e.g., <math>\geq 3</math> residents or HCP with new-onset respiratory symptoms over 72 hours) of residents or HCP with symptoms of respiratory infection is identified.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Notes (e.g., Areas for Improvement, Challenges, Successes)	

<b>Comments or Questions</b>
Is there any other specific information or technical assistance that you need from public health?
Additional comments

Thank you for completing the COVID-19 assessment. Public health may contact you to follow up on your responses.