

Infection Control and Emergency Preparedness for Agencies Providing Personal Assistance Services

	Yes	No	N/A
Does the agency have written infection control policies that addresses the prevention of the spread of infectious and communicable diseases [§558.285(1)] and are based on evidenced-based guidelines (e.g., CDC and DSHS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were staff trained on the agency's infection control policies? [§558.245(b)(1)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the agency have a written emergency preparedness and response plan? [§558.256(a)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the plan address a pandemic? [§558.256(a)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the plan address ensuring adequate staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hand Hygiene

Interview staff to determine if staff performed hand hygiene (even if gloves are used) in the following situations:

	Yes	No	N/A
Before and after contact with the client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After contact with objects and surfaces in the client's environment and common areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After removing personal protective equipment (e.g., gloves, gown, facemask) if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interview appropriate staff to determine if agency provides hand hygiene supplies (e.g., hand sanitizer, soap, paper towels, garbage bags for disposal, disinfectant wipes), if needed by staff to use during visits, and who they contact for replacement supplies.			
Click or tap here to enter text.			

Personal Protective Equipment (PPE)

Review the agency's policies on the use of PPE in the infection control and emergency response plans.

What is the agency's status on available PPE? Click or tap here to enter text.			
If the agency is experiencing shortages, what methods are they using to conserve available supplies? Click or tap here to enter text.			
	Yes	No	N/A
If PPE use is extended/reused, is it done according to national and/or local guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the agency is using reusable PPE, how is it sanitized between uses, decontaminated, and maintained between uses? Click or tap here to enter text.			

PPE Usage When Client or Household Member Meets Screening Criteria

Interview staff whose client (or household member) has met the COVID-19 screening criteria to determine their understanding of the use and conservation of PPE during essential visits with a person in quarantine.

Determine the staff member's understanding of PPE uses for subsequent client visits after providing care to a person in quarantine.

Interview appropriate staff to determine if PPE is available, accessible and used by staff when appropriate.

If client meets screening criteria:	Yes	No	N/A
Do staff know which PPE to use and how to obtain the proper PPE? (e.g., gloves, isolation gown, eye protection, an N95 or higher-level respirator or a facemask if respirator is not available).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are staff who must use PPE trained to use the PPE? (proper fit, don/doff, proper disposal).			

Education and Screening of Staff

How has the agency conveyed updates on COVID-19 to all staff? Click or tap here to enter text.			
How is the agency implementing staff screening? Click or tap here to enter text.			
	Yes	No	N/A
Do staff screen themselves each day before conducting visits? [§558.408(d)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the agency educated staff on the prompt reporting of signs/symptoms of a potentially transmittable disease to a supervisor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the agency educated staff regarding working with multiple clients and mitigating risk of transmission from other clients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the agency educated staff regarding mitigating risks from their families and household members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the agency follow current guidance about returning to work? (CDC: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

--	--	--	--

Determining Essential vs Non-essential and Screening Client and Household Members

	Yes	No	N/A
Has the agency conveyed to all staff the requirement to determine whether a scheduled home visit requires essential or non-essential services? [§558.408(e)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If non-essential, has agency conveyed to all staff the requirement to conduct the visit by phone or video conference or to reschedule the visit? [§558.408(e)(1)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If essential, has the agency conveyed to all staff the requirement to screen clients and household members before a visit? [§558.408(e)(2)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>How is the agency implementing client/household member screening? (by phone, on the doorstep?)</p> <p>Click or tap here to enter text.</p>			
<p>What is the agency's procedure for onsite screening for clients who do not have a method of telephone or computer contact?</p> <p>Click or tap here to enter text.</p>			
<p>How is staff documenting the screening of clients and household members? Is staff incorporating screening information into the client record no later than 21 calendar days following the screening?</p> <p>Click or tap here to enter text.</p>			
<p>How is staff ensuring follow-up to positive COVID-19 screening results?</p> <p>Click or tap here to enter text.</p>			

Client Education

	Yes	No	N/A
Is there evidence the facility staff has been educated on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>What information is provided to clients related to infection control? (direction for client to screen individuals who would enter their homes, including prior to visit, self-isolation if they are exhibiting signs of infection, handwashing and use of hand sanitizers, use of disinfectants in high-use areas of the home) [PL 20-16]</p> <p>Click or tap here to enter text.</p>			
<p>How is the information provided to clients? (verbal and/or written)</p> <p>Click or tap here to enter text.</p>			
<p>Interview staff to determine if information is provided to clients and whether clients and household members understand seriousness of pandemic?</p> <p>Click or tap here to enter text.</p>			

Missed Visits and Individualized Service Plans

	Yes	No	N/A
Were missed visits documented in the client's individualized service plan and the attending physician notified, if applicable? [§558.408(e)(3)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>What actions were taken to update plans if necessary? (due to e.g., consolidating visits, lack of PPE, or lack of available of staff)</p> <p>Click or tap here to enter text.</p>			

Adequate Staffing and Backup Services

<p>How does the agency address staffing shortages?</p> <p>Click or tap here to enter text.</p>
<p>Did the agency implement backup services when indicated? [§558.290(a)] If so, were backup services adequate?</p> <p>Click or tap here to enter text.</p>

Reporting and Response After a Positive COVID-19 Case

	Yes	No	N/A
<p>If the facility has known positive cases of COVID-19, were they appropriately reported to the local health department or DSHS?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>When the agency had a positive COVID-19 case, how did they address possible sources of infection?</p> <p>Click or tap here to enter text.</p>			

QAPI

Did the agency's QAPI Program review:	Yes	No	N/A
<p>The agency's infection control activities during the COVID-19 pandemic? [§558.287(a)(1)(A)(ii)(III)]</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Negative client care outcomes during the COVID-19 pandemic? [§558.287(a)(1)(A)(ii)(I)]</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Effectiveness and safety of all service provided? [§558.287(a)(1)(A)(ii)(V)]</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did the QAPI committee make a determination that services have been performed as outlined in the individualized service plan and modify the plan as necessary during the disaster with respect to missed or rescheduled visits and evaluation of essential versus non-essential visits? [§558.287(a)(1)(A)(iii)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency's QAPI committee:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the evaluation to correct identified problems and, if necessary, to revise policies? [§558.287(a)(1)(B)(i)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document corrective action to ensure that improvements are sustained over time? [§558.287(a)(1)(B)(ii)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediately correct identified problems that directly or potentially threaten the client care and safety? [§558.287(a)(2)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>