**Appendix C**

**EMSA Skilled Nursing Facilities (SNF) Rapid Evaluation Form for COVID Outbreak**

Increasing numbers of COVID-19 cases, especially in SNF and other congregate living facilities is creating extreme stress in many facilities and requires just-in-time assessment and interventions to prevent facility failure. Although COVID-19 infection can be severe and require inpatient care, many infections may not require care in an acute care facility and must be cared for in SNF. In facilities with suspected or confirmed COVID-19, immediate action is needed to prevent further transmission to other residents and staff. Facilities with no COVID-19 residents may be assessed for readiness to take appropriate infection control action. Multiple agencies have been mobilized to assist facilities. California Department of Public Health (CDPH) Healthcare Associated Infection (HAI) Program trained surveyors assist the Local Health Department (LHD) to evaluate facilities; however, since the demand exceeds these resources, crisis teams have been mobilized to help support evaluators from CDPH and LHDs that include staff from the Emergency Medical Services Authority (EMSA), California Medical Assistance Teams (CALMAT), California National Guard (CNG), and US Navy.

**Goals of EMSA Evaluation/support teams**

1. Rapidly assess status of facilities with emphasis on staffing and infection control
2. Conduct telephone and site visits to assess facility preparedness to care for residents with COVID-19
3. Determine short-term needs for additional staffing, PPE, staff education or other critical resources

Facility identification and mission assignments are initiated by LHDs through the State Operations Center (SOC).

**Facility Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surveyor Completing This Form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/2020\_\_\_\_\_**

**Team Members**

**Pre-visit actions**

* **Contact facility representative by phone the day before, if possible, and plan to meet key personnel.**
	+ **Key person is Medical and/or Nursing Director, otherwise Charge Nurse or Nurse Manager, and Infection Control nurse or designee**
	+ **Other desirable personnel to meet is Facility manager**

**Person Providing Facility Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person Providing Facility Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Situation update** | **Circle or write response** |
| **Facility information**: 1. Current census 2. Facility # of beds | **1. # 2. #** |
| Facility has **residents** with COVID-19 confirmed by a positive lab test | **Yes / No** |
| * Number of residents with positive test results
 | **#** |
| * Number of symptomatic residents (suspected cases-persons under investigation)
 | **#** |
| * Number of residents tested with results pending
 | **#** |
| Facility has **HCP or staff** with COVID-19 confirmed by a positive lab test | **Yes / No** |
| * Number of HCP/staff with positive test results
 | **#** |
| * Did any positive HCP/staff work while symptomatic?
 | **Yes / No** |
| * Number of HCP/staff tested with results pending
 | **#** |
| What is the current testing strategy for COVID 19 infection? | **All patients****All patients with new respiratory illness****Only severely ill patients** |
| Have ALL residents and staff been tested | **Residents Yes / No****Staff Yes / No** |
| If not, what is the barrier to testing ALL? |  |
| Is facility open for new admissions? | **Yes / No** |
| **Staff**  |  |
| Total number of Staff at facility |  |
| COVID patient to staff ratio  | Days Nights |
| Non-COVID patient to staff ratio | Days Nights |
| Number of staff currently on leave due to illness | **#** |
| Return to work policies developed for HCP with suspected or confirmed COVID-19 infection<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html> | **Yes / No** |
| Are there current critical staffing shortages at the facilityRNLVNCNAOther \_\_\_\_\_\_\_\_\_\_\_\_ | **Yes / No #****Yes / No #****Yes / No #** |
| Can the facility meet these needs without assistance? | **Yes / No** |
| If assistance needed, estimate time period | **# days­­­­­­­­­­­­\_\_\_\_\_\_\_ # weeks\_\_\_\_\_\_** |
| How will facility obtain staffing support needed? | **Registry****Additional hires pending****Out of area or out of state****Sick staff expected back soon****No plan** |
| Are staff screened for temperature or symptoms prior to each shift? | **Yes / No** |
| Has staff been instructed to not report to work if symptomatic with fever or respiratory symptoms? | **Yes / No** |
| * Do HCP who develop signs and symptoms of illness at work know they must stop work, put on a facemask (if not already wearing), alert their supervisor to report symptoms?
 | **Yes / No** |
| **Notes/Comments** |
| **Infection Control**  |  |
| **Does facility have an infection control nurse or designee?** | **Name** **Contact phone** |
| **Space/separation of residents** |  |
| Is there a designated location (unit, wing, or building) to care for residents with **confirmed** COVID-19 that is separate from other residents | **Yes / No** |
| Are residents with confirmed COVID-19 infection placed in single occupancy rooms with the door closed? | **Yes / No (N/A \_\_\_)** |
| * If multi-occupancy rooms, are residents with confirmed COVID-19 grouped with other residents with confirmed COVID-19 infection?
 | **Yes / No (N/A \_\_\_)** |
| * Do residents with confirmed COVID-19 have their own shower room?
	+ If separate shower room not available, residents with COVID-19 receiving in-room bed baths
 | **Yes / No****Yes / No** |
| Does facility ensure symptomatic residents with **suspected** COVID-19 remain in their rooms with door closed while test results are pending  | **Yes / No (N/A \_\_\_)** |
| If asymptomatic residents in multi-occupancy room while test results are pending, can facility maintain 6 feet between residents and close the curtains between beds | **Yes / No (N/A \_\_\_)** |
| Does facility have a plan for placement and monitoring of new admissions and readmissions with **unknown COVID-19 status** | **Yes / No**  |
| * Residents with unknown COVID-19 status admitted (or readmitted) to separate observation unit, wing, or building
 | **Yes / No** |
| * Residents with unknown COVID-19 status admitted (or readmitted) to single rooms
 | **Yes / No** |
| Does the facility have any negative pressure isolation rooms?* If yes, how many?
* Are they currently used for patients or reserved for procedures?
 | **Yes / No****#** |
| Do cooperative patients wear a mask or face covering when interacting with staff or other patients? | **Yes / No** |
| **Staff assignment** |  |
| Are HCP assigned to care only for positive COVID patients on a given shift?  | **Yes / No**  |
| Do staff cross-over between COVID POS and NEG patients on the same shift? | **Yes / No**  |
| Are nursing stations for COVID POS and NEG patients separate?Do staff co-mingle at nursing stations or break room regardless of patient assignment? | **Yes / No** **Yes / No** |
| Is there an appropriate PPE doffing location before leaving COVID + wing | **Yes / No**  |
| Are staff allowed to leave COVID + patient care area without doffing gown and gloves and performing hand hygiene | **Yes / No**  |
| * Does facility utilize a doffing observer?
 | **Yes / No**  |
| * Do HCP caring for positive residents have a separate
	+ entrance (optimal, if feasible)?
	+ restroom?
	+ break room?

If no positive residents, does facility have plan for separate entrance, restroom, and break room? | **Yes / No****Yes/ No****Yes/No****Yes / No** |
| **Notes/Comments** |
| **Staff Training on Infection Control** |  |
| Is there a nurse educator on site?  | **Yes / No**Name: |
| Staff trained and **assessed** for competency of proper PPE donning and doffing procedures | **Yes / No** |
| * HCP have been **fit-tested for N95** respirators

Annually? | **Yes / No****Yes / No** |
| * While providing patient care for positive residents, are dedicated HCP using
	+ N95 respirator
	+ Surgical mask
	+ eye protection (face shield or goggles)
	+ gown
	+ gloves
 | **Yes / No****Yes / No****Yes / No****Yes / No****Yes / No** |
| * While providing patient care for residents, who are NOT COVID + are HCP using
	+ N95 respirator
	+ Surgical mask
	+ Cloth mask
	+ eye protection (face shield or goggles)
	+ gown
	+ gloves
 | **Yes / No****Yes / No****Yes / No** **Yes / No****Yes / No****Yes / No** |
| Is new PPE provided for each shift?What specific items, if any, are reused for more than one shift? | **Yes / No**N95 respirator Surgical maskface shield or gogglesgown |
| * HCP trained on
	+ processes for extended use of facemasks and eye protection
	+ prioritization of gowns for certain resident care activities:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html> | **Yes / No****Yes / No** |
| Do all HCP wear a facemask at all times while in the facility? | **Yes / No** |
| Does facility want help in training staff on infection control and PPE? | **Yes / No** |
| **Notes/Comments** |
| **Supplies** |  |
| Assess facility’s current supply of personal protective equipment (PPE) and other critical materials  |  |
| * Record the number of **full boxes** of each type of PPE and alcohol-based hand rub (ABHR) in stock:

Facemasks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_N-95 or higher-level respirators:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Isolation gowns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Eye protection:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gloves:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ABHR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Burn rate calculator (optional) to estimate remaining supply based on the average consumption rate - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html> | **Days of facility supply** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| * Does facility have adequate supply of EPA-registered disinfectant?
	+ Adequate supply of tissues?
 | **Yes / No****Yes / No** |
| * Is ABHR easily accessible in every resident room (ideally both inside and outside the room)
	+ in other resident care areas?
 | **Yes / No****Yes / No** |
| * PPE supplies are placed in all areas where patient care is provided
 | **Yes / No** |
| * Trash cans accessible upon exiting resident rooms or COVID + wing for appropriate doffing of PPE
 | **Yes / No** |
| **Notes/Comments on PPE and availability of hygiene supplies: hand sanitizer, hand-wash stations, wipes, etc.****What Item is in shortest supply?** |
| **Other infection control strategies** |  |
| Large group activities are suspended  | **Yes / No** |
| Communal dining areas are closed | **Yes / No** |
| All nonessential visitors are restricted  | **Yes / No** |
| Essential visitors are screened for signs or symptoms of a respiratory infection (e.g., fever, cough, or sore throat) or contact with someone with suspected or confirmed COVID-19 infection. * Essential visitor movement limited within the facility and common areas avoided
 | **Yes / No****Yes / No** |
| Facility has restricted nonessential HCP, for example, volunteers. | **Yes / No** |
| Is an EPA-registered, healthcare-grade disinfectant used for cleaning and disinfection? Refer to [EPA list of products](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) with label claims against COVID-19  | **Yes / No** |
| Are high touch surfaces in residents’ rooms, staff break rooms, and work areas cleaned and disinfected frequently (such as each shift)? | **Yes / No** |
| Is all shared resident care equipment cleaned between patients? | **Yes / No** |
| Movement limited outside of their room for symptomatic residents and exposed roommates * If they need to leave the room, they wear a facemask
 | **Yes / No****Yes / No** |
| Residents with cognitive deficits or psychiatric illness receive frequent reminders to stay in their room and have supervision when leaving rooms | **Yes / No** |
| Ensure facility has plans for facilitating remote communication between residents and family/visitors (for example, video-call applications on cell phones or tablets) | **Yes / No** |
| Protocol for daily (or more frequent) monitoring for acute respiratory illness (fever, cough, shortness of breath) among residents * + Daily monitoring of HCP

<https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf> | **Yes / No****Yes / No** |
| Facility monitoring vital signs (including pulse oximetry)* Performed every shift for all residents
* Performed every 4 hours for residents with COVID-19 infection
 | **Yes / No****Yes / No** |
| Facility has procedures for notifying other facilities prior to transferring a resident with acute respiratory illness, including suspected or confirmed COVID-19 infection | **Yes / No** |
| **Notes/Comments** |
| **Other critical Services** |  |
| Do all patients have current POLST forms? | **Yes / No** |
| Are interpreters needed? * Are they available?
 | **Yes / No****On-site****phone** |
| * Languages spoken
 |  |
| Meal preparation on site? | **On site****Delivered** |
| Oxygen supply adequate? | TanksOxygen concentrator |
| Pharmacy services and supply chain functional? | **Yes / No** |
| What services are contracted? | **Biohazard waste removal****Cleaning****Laundry** |
| **Notes/Comments** |

|  |  |
| --- | --- |
| **Recommendations and resource requests to EMSA/CDPH/LHD** |  |
| Immediate Clinical Staffing  | **RN #\_\_\_\_\_****LVN #\_\_\_\_****EMS #\_\_\_\_** |
| IMT or other IC staff needed on site | **Yes / No** **Specify need** |
| Staff training/refresher on Infection Control | **Yes / No** |
| Testing for COVID infection | **Patients Yes / No****Staff Yes / No** |
| Do you have confidence that this facility can continue to safely operate with their own staff with only short-term support?Should we recommend LHD or CDPH visit for further evaluation?  | **Yes / No****Yes / No** |
| Other needs and recommendations |  |
|  |
| Recommendations discussed and agreeable to facility | **Yes / No Specify below** |
|  |
|  |

**Visit exit discussion**

* Clarify what is being requested and what can be provided.
* EMSA/CALMAT can provide staff augmentation for 72 hours without cost to the facility. There is no cost for initial PPE or training provided. Further limited time support will be determined after 48 hours.
* Results will be discussed with the Local Health Department and with California Department of Public Health.

**Abbreviations:**

ABHR: Alcohol-based hand rub

CAL-MAT: California Medical Assistance Team

CDPH: California Department of Public Health

CNA: Certified nursing assistant

CNG: California National Guard

EMS: Emergency medical services

EMSA: Emergency Medical Service Authority

EPA: United States Environmental Protection Agency

HCP: Health care practitioner

IC: Incident Commander

IMT: Incident Management Team

LHD: Local Health Department

LVN: Licensed vocational nurse

NEG: Negative

PPE: Personal Protective Equipment

POLST: Physician Orders for Life-Sustaining Treatment

POS: Positive

RN: Registered nurse

SNF: Skilled Nursing Facility

SOC: State Operations Center